

Medical economics



AUGUST 1940

XUM

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and muscle nutrition. A helpful respira-
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26 Christopher Street

New York, N. Y.



Medical Economics

THE BUSINESS MAGAZINE OF THE MEDICAL PROFESSION

AUGUST 1940

Cover photo by R. I. Nesmith

WHY BUY A PRACTICE?	<i>William H. Haines, M.D.</i>	34	
Some light on the market for medical practices			
WE GIVE INTERNS A HEAD START	<i>H. F. Robertson, M.D.</i>	39	
Placement bureau spots positions for young doctors			
NO TRAFFIC SNARLS IN THIS OFFICE!	<i>Henry L. Ashworth</i>	40	
Plans and pictures of an efficient 7-room suite			
GOOD MORNING, NURSE!	<i>Martin O. Gannett, M.D.</i>	44	
New adventures of a family physician			
SEMINARS BOLSTER SOCIETY MEETINGS	<i>J. E. Johnson, M.D.</i>	47	
The small medical association stages a come-back			
CHECK-LIST FOR LEASE-SIGNERS	<i>Thomas P. Crowell</i>	52	
Before renting, ask yourself these vital questions			
INVESTING IN INDUSTRY	<i>Raymond Hoadley</i>	54	
The building companies			
COLLECTED—BY TELEGRAPH	<i>Harold F. Podhaski</i>	71	
A new wrinkle for dunning the deadbeat			
SPEAKING FRANKLY	10	BUILT-IN SECRETARY'S NOOK	62
SIDE LIGHTS	29	PUBLIC SPEAKING FOR DOCTORS .	65
EDITORIAL	33	FOR OFFICE DRESSING ROOMS .	68
NEW SUN GLASSES CONTROL LIGHT	36	EMERGENCY ICE BAG	68
DEATH CLAUSE IN LEASE	38	LOCATION TIPS	72
WASHABLE WINDOW SHADES	48	THE NEWSVANE	75
CARTOON	49	BOOKS IN EXCHANGE FOR IDEAS .	92
PRIVATE LIVES	50	JUST PUBLISHED	100
OFFICE DRINKING FOUNTAIN	59	WHERE TO FIND OUR ADVERTISERS	102

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FOR acutely inflamed and spastic conditions of the muscles, and following the majority of traumatic injuries, the heat and medication of an Antiphlogistine dressing are often of definite value in the treatment. In such conditions as

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Antiphlogistine aids circulatory activity, promotes the absorption of exudates and extravasations and affords a good measure of comfort and support to the tissues.

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AUGUST 1940

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...were designed expressly
for physicians, and have
proved extremely popular

No. 2527H

Small enough to be very handy—big enough to hold all that's needed on the average call. Very well made and finished, and especially neat in appearance. Made of black, moose-grain cowhide with slide fastener, and completely lined with rubber. The handles are specially designed for comfort in carrying. The dimensions are 12" long, 4½" wide and 5½" deep.

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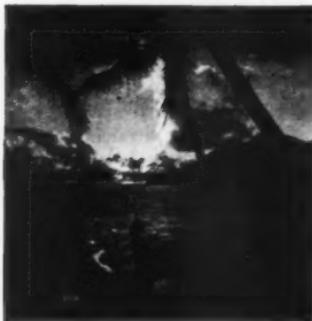
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**EXPERT PICKERS TEST
ALL DOLE PINEAPPLES**

1. The picking of Dole pineapples is entrusted only to our resident expert pickers. These trained men test every pineapple for ripeness before it is picked. Only pineapples of perfect ripeness are sent to the Dole Cannery. Because Dole Pineapple Juice comes only from fully sun-ripened fruit it is always high in quickly-available food energy.



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3. Experience has shown that Dole Pineapple Juice—always packed without sugar or preservatives—is easily assimilated. It is a pure and excellent fruit juice for infants and children, as well as convalescents. Dole Pineapple Juice contains vitamins A, B and C. Try a tall, refreshing glass of Dole Pineapple Juice yourself.

AUGUST 1940

HAVING A BABY?

Regular medical care during pregnancy is vitally important. Your doctor can regulate diet to provide minerals, iron and vitamins so essential to good teeth and sound physical development in the baby. Ask his advice on feeding infant.



THIS IS A TYPICAL HYGEIA MAGAZINE ADVERTISEMENT appearing each month in almost every women's magazine :: reaching millions of readers.

Every Hygeia advertisement says "See your doctor regularly." Thus, nearly every family in America is being told repeatedly of the value of good medical care.

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NURSING BOTTLE AND NIPPLE

Special Offer to Hospitals. Hospitals may now buy Hygeia Bottles and Nipples at approximately the same cost as ordinary equipment.

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NEW
DOSAGE FORMS
of
SEARLE
AMINOPHYLLIN



to meet the present trend in cardio-renal therapy—the trend toward larger Aminophyllin dosage.

SEARLE AMINOPHYLLIN

3-GRAIN TABLETS—PLAIN

3-GRAIN TABLETS—ENTERIC COATED

The new 3-grain tablets, double the previous tablet dosage, are convenient, economical, effective.

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Laboratory controlled for purity.

DOSE FORMS OF SEARLE AMINOPHYLLIN

TABLETS • 1½ grs. (Plain)—20 tablet vials;
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3 grs. (Plain)—bottles of 100 and 1000
tablets (oval).

3 grs. (Enteric Coated)—bottles of 100 and
1000 tablets.

POWDER • 1 oz. and 4 oz. bottles.

AMPULS • 2 cc. (7½ gr.), 10 cc. (3¾ gr.)
and 20 cc. (7½ gr.). In 6's, 25's and 100's.

J.D. Searle & Co.

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New York

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Kansas City

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Grapefruit and Surgical Disease



CITRUS juices are of value in the pre-operative preparation of the surgical patient, as well as during his subsequent convalescence.

The administration of large quantities of citrus juice during the 24 to 48 hours preceding operation has been found to result in less post-operative nausea and depression.

Anesthesia and dehydration tend to cause acidosis. Citrus juice combats this tendency by providing fluids, citrates, and easily assimilable sugars, as well as a final alkaline reaction in the body equivalent to 4.5 c.c. N alkali per 100 c.c. of juice.

The repair of wounds, accidental or surgical, depends upon the ability of the body to produce and maintain fibrous tissue, and this in turn is dependent upon an adequate supply of Vitamin C.

Citrus fruits are prime sources of Vitamin C and contain appreciable amounts of other necessary vitamins and minerals.

Grapefruit juice is particularly useful; its attractive, tart flavor facilitates the administration of large quantities of the juice before operation, and stimulates the appetite

during convalescence. Canned grapefruit juice is high in all the values attributed to the fresh fruit. Furthermore, it is economical, convenient to use and readily available the year around.

The Citrus Commission of the State of Florida has prepared a treatise on the citrus fruits in their relation to health, with a full bibliography; a copy will be sent to any member of the medical profession upon request.

**FLORIDA CITRUS
COMMISSION
STATE OF FLORIDA**



Florida Citrus Commission Dept. 30-B
Lakeland, Florida

Gentlemen:

Please send me your book **CITRUS FRUITS AND HEALTH**.

Name _____

Address _____

City _____ State _____

Profession _____

The statements in this advertisement are based on the following numbered references in "Citrus Fruits and Health": 44, 93, 95, 96, 100.



The nutritional balance of whole wheat, milk and fruit

As a simple, inexpensive yet well rounded morning or midday meal we submit the appetizing combination of sliced peaches and milk with National Biscuit Shredded Wheat.

These biscuits are 100 percent whole wheat, including the *wheat germ* from which comes Vitamin B₁. Nothing is added to the whole grain, which is steam cooked and then fashioned into tender biscuits, toasted crisp in the National Biscuit ovens.

Analyses show that in two biscuits plus a cupful of milk the following nutrients are naturally present:

CARBOHYDRATES. Our product is 77% carbohydrates. Milk has about 5%.

PROTEIN. Our product is 10% protein. Milk has over 3%.

IRON. Our product is an excellent source, with .0034%. Milk has .0002%.

CALCIUM. Our product has .04%. Milk has .12%.

PHOSPHORUS. Our product has an excellent content, .42%. Milk has .09%.

VITAMIN B₁. Approximately 120 Sherman-Chase units in

two biscuits. One cupful or more of milk adds approximately 77 Sherman-Chase units.

VITAMINS A and G. Our product gives these vitamins in lesser quantities. Milk is rich in both of them.

ENERGY. In two biscuits and one cupful of milk are approximately 370 calories.

Peaches of course lend their content of vitamins and minerals, for a well balanced breakfast or luncheon for normal children and adults.

This agreeable blend of flavors has an appetizing appeal to adult and juvenile tastes. It is a practical menu for any family or institution.

National Biscuit Shredded Wheat affords a tasty and effective form with which to encourage the intake of whole wheat and milk. With the summer fruits available at low cost, the suggested combination is extremely economical.

Through more than forty years in millions of homes, billions of National Biscuit Shredded Wheat breakfasts have been enjoyed.



NATIONAL BISCUIT COMPANY. Address: New York, N. Y.

AUGUST 1940

LORAGA



To the QUEEN'S TASTE

When you prescribe for Betty Jane or Mary of the average family, you may have just as finicky a taste to consider as if your prescription were intended for the Queen. Disagreeable "medicine" makes disagreeable children if, over their determined objections, it can be forced down their throats at all.

Truly fit "to the Queen's taste" is LORAGA, yet this plain mineral oil emulsion is not disguised by artificial flavoring. There is no oily after-taste. But Loraga not merely caters to the exacting palate of adult or child—it is a fine emulsion that mixes well with the intestinal contents, softens and lubricates the mass so that evacuation may not be delayed and may take place without straining.

Once you use Loraga, you will prescribe it again and again. You will like its trouble-free effectiveness. For an immediate trial, ask for a complimentary supply on your letterhead.

Loraga is available in 16-ounce bottles.

WILLIAM R. WARNER & CO., INC.
113 West 18th Street, New York City



speaking frankly

PRECLINICAL

TO THE EDITORS: Allow me to compliment Dr. Thewlis and MEDICAL ECONOMICS on the article about pre-clinical medicine which appeared in your June issue. Very fine, I call it.

M.D., Illinois

TO THE EDITORS: What Dr. Thewlis has to say about preclinical medicine is every bit true. His forward-looking article represents another warning to the physician to adjust himself to the necessity of giving much more consideration to preventive medicine and the areas which lie beyond it.

M.D., Massachusetts

TENANCY

TO THE EDITORS: Your July article "Assistant, Partner—or Tenant?" discusses a subject which is very important to a busy specialist.

Today, many physicians are loathe to take on assistants who might in time supplant them. We must face the fact that medicine is also a business, and people do not willingly invite business competition. The older men are frantically trying to hold on to every bit of their practice. As for the young men, they want to do big things from the start.

Then too, if a young man is well trained, he hesitates to become another man's assistant. Likewise, the man who has poor training in a specialty makes a poor assistant.

I believe that the tenant theory is probably the best way out. There is no question of an unpleasant relationship, because whatever the young physician does he gets paid for it. On the other hand, the older man's patients know that the tenant is only pinch-hitting when he attends them.

Of course, I can conceive of situations where the division of population, differences in religious faiths, and hospital politics might be factors arguing for partnership or combination of some kind. On the whole, however, I feel that partnerships and assistantships should be avoided; that the tenant theory is by far the most workable idea.

M.D., New Jersey

CULTISTS

TO THE EDITORS: I read the letter entitled "Self-Eulogy" in your June issue. I presume my colleague from Michigan feels much better after expressing himself so forcefully against the "sub-medical cultists."

There have always been cultists; probably always will be. They have always had a following. And that following cannot be categorized simply as neurotics whom the medical profession has surrendered. Neurotic patients frequently like to take chances, to try some new type of treatment (so-called) such as the cults provide. This urge they find irresistible.

I don't believe the cults are very harmful to the profession. Our worst enemies are in our own ranks.

I am particularly interested in the doctor's remedy for the situation. How would he "streamline" the A.M.A.? Whom would he fight?

A. E. Perley, M.D.
Waterloo, Iowa

COLLECTIBLE?

TO THE EDITORS: I need help. To explain:

The Butte County Credit Bureau has been discussing with Dr. J. H.



Quickly Applied BAND-AID

NEAT, SMALL DRESSINGS

• A streamlined technique for small dressings—that's what Band-Aid brings to your work. A gauze pad attached to a 1" x 3" piece of adhesive, ready to apply. Band-Aid saves your time—*costs less than a cent apiece*. Each piece is individually wrapped. Supplied in convenient boxes of 100.

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Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

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MEDICAL ECONOMICS



Estivin
BRINGS RELIEF
WHEN HARVEST TIME
BRINGS HAY FEVER

TO THOUSANDS of allergic persons the arrival of autumn means the unwelcome advent of hay fever discomforts. To thousands more, whose physicians have recommended the use of Estivin, autumn is virtually a pollen-free season.

Estivin, a specially prepared solution of rosa gallica, is prompt and effective in alleviating the ocular and nasal distress of hay fever—itching eyes, lacrimation, uncontrolled sneezing, excessive nasal discharge and associated symptoms.

One drop in each eye 2 or 3 times daily is generally sufficient to keep the average patient comfortable during the entire hay fever season. In the more severe cases, additional applications whenever the symptoms reoccur will keep such patients relieved throughout the day.



Literature and Samples
on Request

Available at all drug-
gists in a 2-dram vial,
complete with dropper



Schieffelin & Co.

80 Cooper Square • New York, N. Y.
Pharmaceutical and Research Laboratories

Davis of Belle Fourche, S.D., the idea of establishing a cooperative accounting and collection bureau to serve physicians. Dr. Davis points out that patients often run up large bills with him. If he tries to collect, some of them go off to other physicians—who are more than likely to be treated in the same way.

Our plan is this: to establish a department of the credit bureau in which physicians would list all accounts beyond a certain age. The bureau would then build up total accounts for each patient, recording each of his obligations to different physicians. It would mail out statements each month and attempt to collect the amounts owed. Funds thus collected would be apportioned to each physician according to the amount owed him, or on any other distribution basis the physician might desire.

Can any of your readers tell us whether a plan such as this has ever been tried before, and if so, with what success? We would appreciate receiving information and comments.

Ray C. Wood, Manager
Butte County Credit Bureau
Belle Fourche, S.D.

WASSERMANNS

TO THE EDITORS: What to tell the bridegroom with a ++++ Wassermann? What shall the groom tell the bride? What if the wedding has been announced?

Since one positive Wassermann cannot be regarded as conclusive, the first step is, obviously, to repeat the test at once, sending the sample to a different laboratory. If the report is again positive, then, of course, the patient must be told.

The complications that arise at this point can be acutely embarrassing. It's not so bad if the couple have followed the safe policy of not sending out invitations until after the test has been reported. But if invitations have

5

Such
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17 V

Soups
Unstr
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Carrot
Apricot
Carec

C

AUGUST 1940

Save him from his loving relatives...



BABIES TAKE TO CLAPP'S!

Such scenes can frequently be avoided by a careful choice of foods that please the baby's taste from the very beginning. And Clapp's have often made an unusually good record in this regard.

Vegetables for Clapp's Foods are cooked and canned at the peak of freshness, and flavored with a very light and carefully controlled addition of salt.

Texture of Clapp's Foods, too, is adapted to the growing child's ability to chew and

swallow, a factor that makes for ready acceptance. When the time comes for coarser foods, the transition is readily made from Clapp's Strained to Clapp's Chopped. Thus a welcoming attitude toward food is maintained all through babyhood.

* * *

★ The Clapp Company, first to make Strained and Chopped Baby Foods commercially, is the only organization of national importance that specializes exclusively in this field.

Clapp's Program of Graded Infant Feeding

17 VARIETIES OF STRAINED FOODS

For Young Babies

Soups—Vegetable Soup • Beef Broth • Liver Soup
Unstrained Baby Soups • Vegetables with Beef
Vegetables—Asparagus • Spinach • Peas • Beets
Carrots • Green Beans • Mixed Greens • **Fruits**—
Apricots • Prunes • Applesauce • Pears-and-Peaches
Cereal—Baby Cereal.

12 VARIETIES OF CHOPPED FOODS

For Toddlers

Soups—Vegetable Soup • Liver Soup • **Combination Dishes**—Vegetables with Beef • Vegetables with Lamb • **Vegetables**—Carrots • Spinach Beets • Green Beans • Mixed Greens • **Fruits**—Applesauce • Prunes • **Dessert**—Pineapple Rice with Raisins.

Clapp's Baby Foods

OKAYED BY DOCTORS AND BABIES



3 TYPES OF SUSPENSORIES FOR YOUR R

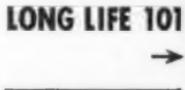


SELF-ADJUSTING TYPE

J. P. 45



DRAWSTRING TYPE



LONG LIFE 101



LEGSTRAP TYPE

LISTER'S 4



When your diagnosis shows the need for a suspensor, be sure your patient is correctly fitted by stating in your prescription exact type and size.

All Johnson & Johnson Suspensors are expertly made and inspected.

[Send for illustrated reference book FREE—"PHYSICIANS' SUSPENSORIAL GUIDE"]

Johnson & Johnson

NEW BRUNSWICK, N. J.

CHICAGO, ILL.

already been sent out, it may be necessary for the bride or groom to take "an extended trip" or develop "a severe illness."

The physician will often be asked to help make the decision as to whether the other half of the intended bridal couple shall be told the bad news. The question is whether to explain the condition openly and honestly, or try to postpone the wedding by subterfuge.

This decision is best left to the parties concerned. The doctor may, however, exert his influence to see that the couple does not attempt to evade the responsibility involved by hot-footing it to a State where no pre-marital tests are required.

The situation I've outlined presents a real doctor's dilemma. I'd welcome the suggestions of others who have worked out a solution.

M.D., New Jersey

ALIENS

TO THE EDITORS: The anti-alien spirit of your Newsweek editor makes reading of your otherwise enjoyable magazine extremely annoying. In the June issue, he uses the refugee problem in France to spank alien physicians in this country.

France's attitude toward refugees is comprehensible. She has had to support hundreds of thousands of these unfortunates, while also involved in a war for her own life. Your Newsweek editor should remember two things:

First, that this country has no refugees—only immigrants admitted according to quotas.

Second, when he says "... more than 50 per cent of European-trained practitioners who took U.S. licensing exams in 1939 flunked; over 97 per cent of the graduates of approved American schools passed"—he is comparing the efforts of newly-graduated American physicians with those of foreign M.D.'s handicapped by language difficulties, age, their purely

**New findings confirm dietary importance of
MOLASSES
as an inexpensive source of iron**

**HIGH IRON CONTENT
IS OVER 80% AVAILABLE**

QUICK SUMMARY

RESULTS: New Orleans molasses, known to be one of the richest food sources of iron, has now been proven to contain iron of from 80% to 97% availability.

HOW TESTED: (A) Chemically and biologically¹. (B) Clinically².

SUGGESTED USES: For infant and child feeding where its high calorie value plus iron content make molasses a valuable dietary asset; and to provide extra iron during pregnancy.

AVAILABLE IRON CONTENT: 0.653 mgs. per tablespoonful in Brer Rabbit Molasses—Gold Label grade. 1.078 mgs. per tablespoonful in Brer Rabbit Molasses—Green Label grade.

SUGGESTED AMOUNT: One to three tablespoonfuls daily. This may be taken plain, on bread, cereal, desserts or in milk. Physicians may vary the amount, depending on the iron need, age, condition and tolerance of the individual.

An unusually large percentage of molasses iron proves to be readily available for use by the body. This, together with its high iron content, places molasses second only to beef liver as a food source of absorbable iron.

To supply up-to-date, exact data on this subject, the makers of Brer Rabbit Molasses co-operated in carrying out chemical, biological and clinical research. A brief summary of results of the chemical and biological tests is reported here for the information of the medical profession.

THE MOLASSES USED IN ALL OF THESE TESTS WAS BRER RABBIT NEW ORLEANS MOLASSES. Medicinal iron was used as the standard for comparison.

Chemical and biological tests now reported¹ show the availability of iron in Brer Rabbit Molasses to be over 90% in the Gold Label grade, and over 80% in the Green Label grade.

Taste preferences for molasses differ. Brer Rabbit comes in two flavors to meet all requirements. If a dark, full-flavored molasses is desired, specify Green Label Brer Rabbit (Molasses "B" in table). If a light, mild-flavored molasses is wanted, specify Gold Label Brer Rabbit (Molasses "A" in table).

Because of its low cost and palatability, may we suggest that you recommend the use of Brer Rabbit New Orleans Molasses where a higher iron content in the dietary is desirable? Penick & Ford, Ltd., Inc., Manufacturers of Brer Rabbit Molasses, New Orleans, La.



*Brer Rabbit—Gold Label **Brer Rabbit—Green Label

1. Am. J. Dig. Dis. Vol. VI, No. 7 (Sept.) pp. 459-62, 1939

2. Clinical research completed. Paper being prepared for publication.

Reprints of these papers will be sent physicians on request.

MEDICAL ECONOMICS



Why was that retake necessary?

Could it be because his intensifying screens were dirty? Or scratched, nicked, or worn out?

Intensifying screens in good condition are indispensable to good diagnostic radiography. Good condition of these screens requires periodic inspection and cleaning, in order to keep them in good shape... to assure you longer, more useful screen life. And when long, hard wear begins to lessen the efficiency of your screens, new ones are a wise investment.

To help you get the best service from your intensifying screens, the Patterson Screen Company has prepared a new, interesting, stiff-covered book entitled "Minutes That Matter". Every roentgenologist will find this illustrated booklet chock full of detailed, useful information on screens and their care. For your copy write for Booklet No. 211.

THE PATTERSON SCREEN CO.
TOWANDA PA., U. S. A.



Patterson
X-RAY
Screens

26 YEARS OF CONCENTRATION ON ONE TASK
THE DEVELOPMENT OF BETTER X-RAY SCREENS

specialistic past, and what is often a too-hasty attempt to overcome these obstacles to establish a practice.

I'm sure that American physicians with many years of special practice and some experience with concentration camps immediately behind them would fare no better with examinations in foreign countries.

Instead of fostering an un-American sentiment toward a few hundred victims of Hitlerism, why not help settle their problems by some such method as presented by Daniel Harris' "Opportunities for Medical Practice" in this same issue of MEDICAL ECONOMICS?

Emil A. Gutheil, M.D.
New York, N.Y.

DISCREPANCY?

TO THE EDITORS: A surgeon gets a cool \$250 for half an hour's work in the operating room. The medical man who makes fifteen or twenty calls on a pneumonia patient—some of them in the middle of the night—is lucky if he can collect \$100 for his services.

Will someone tell me why this is?
M.D., Illinois

OVERLOOKED

TO THE EDITORS: I regret that the author of the excellent article "Secretaries, Custom-Made" in your June issue apparently did not have information about the Ohio Institute for Medical Assistants, which might have enabled her to list it with the other institutions described at the end of her article.

The institute, established in 1938, is well equipped, maintains high standards, and accepts only those young women who seem likely to make qualified medical secretaries. As a result, more than 90 per cent of graduates have been successfully placed as medical assistants.

The course offered extends for twelve months, the last two of which are spent "interning" in physicians'



"Tell me, young man, is your name Borden?"

GOODNESS, NO!" exclaimed the surprised young man to Elsie, the Borden cow. "My name is William Todd. What made you think it was Borden?"

"Why, you look so bright and clean," Elsie replied, "that I figured you must be one of the Borden family. I didn't think *anything* could be so spotless unless it came from Borden's. They use *train loads* of soap and whole *lakes* of hot water every year! And not only hot water, but live steam!"

"Gee," said Bill, "that would take the hide right off you and me, eh? Why do they go to all this trouble?"

"For you, William," Elsie replied. "You need the cleanest, purest milk

there is. That means scientific care at every step. And that's what makes *all* Borden foods as fine and wholesome as they can be . . . foods like ice cream, evaporated milk, malted milk, and Biolac."

Borden experts, scientists, and laboratory workers exercise an eternal vigilance over the quality and purity of all Borden Products, from the farm to the placing of the product in the consumer's hands. That is one reason why "Borden" is such a reassuring name on any milk product you may prescribe.

THE BORDEN COMPANY
350 Madison Avenue • New York City

For Maximum Hematopoiesis

*All the benefits of iron . . . with
All the benefits of manganese*

—rendered fully assimilable by organic combination in peptonate form with partially predigested albumin.

GUDE'S PEPTO-MANGAN

is completely non-acid, non-irritant to gastric mucosa, and free from corrosive or staining effect on the teeth.

INDICATIONS:

For hypochromic condition in anemias of all types, during convalescence, after operations or prolonged fevers, for undernourished children or elderly persons.

SUPPLIED:

In bottles of 11 fl. oz. or boxes containing 60 tablets, each separately enclosed in a safe and convenient wax-covered paper.

Each tablespoonful (15 grams) contains .2745 grams of peptonate of iron and .0973 grams peptonate of manganese. Alcohol 16%.

Samples on Request

M. J. BREITENBACH CO.
160 Varick St., New York, N. Y.



offices approved for such training by the institute. For its faculty, the institute draws upon physicians, all of whom are members of the American Medical Association. A full-time staff includes registered nurses, laboratory technicians, and stenography teachers.

M. Murray Lawton, M.D.,
Director, Ohio Institute
for Medical Assistants,
Cleveland, Ohio

MACHINES

TO THE EDITORS: I started practice with the customary small capital and high hopes. Four months of it convinced me that a doctor should have all the equipment he can afford.

I began with elementary tools. I found many conditions I could have treated had to be sent to another doctor. Tests could not be done for lack of apparatus. Besides the economic question involved, this sometimes meant loss of the patient and his "following."

I bought a diatherm. An annoying, conspicuous wart was removed from a woman's face by the electrical needle. She related this experience to another with a similar condition. Soon I had a patient I might never have met. Before long, this equipment was paying for itself.

Ultra-violet and infra-red lamps were added next—and used.

A few months later, I invested in a basal metabolism machine. The first patient to submit to its use had noticed the machine in the office. She asked its purpose. She decided she might benefit from a test—and did. Others who had been told of my equipment came and remained as regular patients.

Soon I expect to buy X-ray apparatus.

Obviously, there must be a personality behind the machines. But a young doctor in general practice must have all equipment possible. With

AUGUST 1940

FOR HAY FEVER



DRAMATIC SYMPTOMATIC
RELIEF IN MOST CASES
THROUGH THE CONCERTED
LOCAL and
SYSTEMIC ACTION
OF A SYNERGETIC COM-
BINATION OF DRUGS

CONTROLLED tests and wide clinical experience have demonstrated the unusual subjective relief that Arlcaps can give many patients receiving, or being prepared to receive, specific treatment. Its combined sedative, analgetic and vasoconstrictive action usually helps effectively to dry nasal secretions . . . decrease nasal blocking . . . abate wheezing spells . . . and subdue the spasmodic coughing following an acute bronchial attack. Arlcaps' balanced formula of phenobarbital, acetylsalicylic acid, ephedrine hydrochloride, and alkaline bases, has proved far more successful in most cases than ephedrine alone. Write for samples.

Available: In bottles of 25 5-gr. capsules for adults, and 35 3-gr. capsules for children; also in dispensing bottles of 500 capsules each. Dosage: one capsule night and morning, as directed by a physician.

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ARLCAPS

Campho- Phenique



has many uses

As an analgesic, antipruritic or decongestive, the local application of Campho-Phenique soothes and aids nature in the healing of impetigo contagiosa, boils, burns, cuts, lacerations, prickly heat, hives and non-poisonous insect bites.

Its wide adaptability, its ease of application and its soothing action suggest Campho-Phenique as highly desirable in every day office treatment and for routine follow-up home care.

JAMES F. BALLARD, Inc.
700 N. Second St. St. Louis, Mo.

adequate training, these instruments are simple to operate. In addition to the clinical tests made possible by the equipment, patients are impressed with the thoroughness and versatility of the physician who owns it.

M.D., New York

OVERLAPPING?

TO THE EDITORS: I frequently read letters in your valuable magazine from people with medical axes to grind. Well, I have an axe to grind, too.

It is my studied opinion that surgery is being done today by general practitioners who lack adequate training for the job. If many of these men didn't have competent assistance, they would never get away with half of the operations they so ambitiously undertake.

I'm a surgeon, and I speak from experience. I've frequently been asked to "assist" at an operation, and then had to finish the job myself because the so-called surgeon was unable to cope with the situation.

A ten-year old child—with a little coaching—can perform a simple appendectomy. But that doesn't make him a surgeon. A man is not qualified to begin an operation unless he can handle any emergency which may develop. Diagnosis is rarely 100 per cent perfect. It is the unexpected for which the surgeon is trained and the G.P. is not.

There is a place in medicine for both the surgeon and the general practitioner. But the jobs rarely overlap. It is my firm belief that in the interests of good medicine both the surgeon and the G.P. must recognize more strictly their limitations.

M.D., New Jersey

POSITION WANTED: Physician and lawyer of wide business experience and mature judgment seeks suitable position immediately. Can efficiently organize, systematize, economize. Forceful writer; middle aged, American born. Reply Box 840, Medical Economics, Rutherford, New Jersey.

Hematinic Plastules

SOLUBLE
FERROUS
IRON

● The iron in Hematinic Plastules is ferrous iron—easy to take, easy to assimilate. In the soluble, ferrous state this iron is readily available for conversion into hemoglobin.

Hematinic Plastules usually hasten the restoration of normal hemoglobin levels without the untoward effects of massive iron feedings.

Suggested dosage—three Hematinic Plastules Plain or six Hematinic Plastules with Liver Concentrate, daily.

R Hematinic Plastules Plain or
Hematinic Plastules with Liver Concentrate
for the treatment of secondary anemia
Available in bottles of 50's and 100's

THE BOVININE COMPANY
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MODERN IRON THERAPY

Announcing

AMPHOJEL TABLETS

A CONVENIENT, SAFE ANTACID FOR THE AMBULATORY PEPTIC ULCER PATIENT



ETHICAL AND CONVENIENT

Amphojel Tablets do not bear any identifying mark, but are scored for convenience in prescribing divided doses. Each Tablet is individually sealed in moisture-proof cellophane. These protected Tablets may be easily carried by the patient. This prescription package contains 60 Tablets and the removable label aids in maintaining the integrity of physicians' prescriptions.

Supplied in boxes of 60 Tablets at all pharmacies.

JOHN WYETH & BROTHER, INC.

Each Amphojel Tablet
produces the antacid effect of about two teaspoonfuls of

AMPHOJEL

Wyeth's Alumina Gel

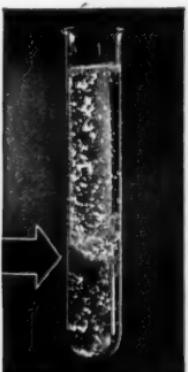
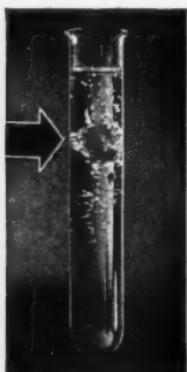
Outstanding clinical results have been obtained with Amphojel, Wyeth's Aluminum Hydroxide Gel, in the treatment of hyperacidity and peptic ulcer.

Amphojel Tablets are offered as a convenient supplement to Amphojel therapy in treating ambulatory patients. Each Amphojel Tablet contains the equivalent of 10 grains of hydrated alumina— $\text{Al}_2(\text{OH})_5$ and it produces the antacid effect of about two teaspoonfuls of liquid Amphojel.

Amphojel Tablets safely reduce gastric acidity without danger of alkalosis or "secondary acid rise." Amphojel Liquid and Tablets contain neither alkali nor alkaline earths. They are not absorbable. The prominent features of this modern treatment are—Prompt Relief of Pain—Rapid Healing of Ulcer and Safety.

NOTE RAPID TABLET DISINTEGRATION

This characteristic of Amphojel Tablets assures immediate availability of the aluminum hydroxide for the reduction of gastric acidity.

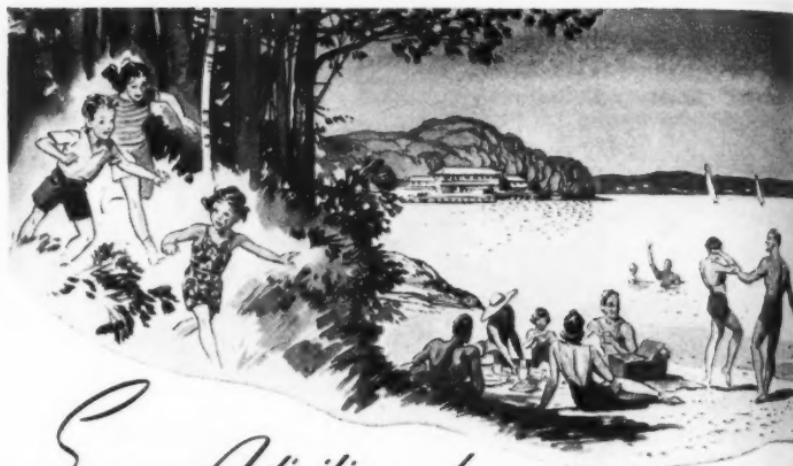


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R., INCORPORATED • PHILADELPHIA, PA.

XUM



Summer Activities and PRURITUS



THE tormenting pruritus of ivy and oak poisoning, so frequently encountered during the outdoor season; the heat-intensified pruritus ani, vulvae or scroti, and the itching of perspiration-aggravated eczema, ringworm, intertrigo, multiple insect bites and urticaria quickly yield to Calmitol. Not only is relief obtained with dramatic promptness, but a single application usually suffices to hold pruritus in abeyance for several hours.

Because of its contained ingredients (chloro-iodo-camphoric aldehyde, levo-hyoscine oleinate, and menthol in an alcohol-chloroform-ether vehicle), Calmitol Ointment blocks the further transmission of offending impulses, exerts a mild antiseptic action, contributes to resolution by local hyperemia. In obstinately severe pruritus, Calmitol Liquid is recommended, except on sensitive areas or denuded surfaces.

Thos. Leeming & Co. Inc.

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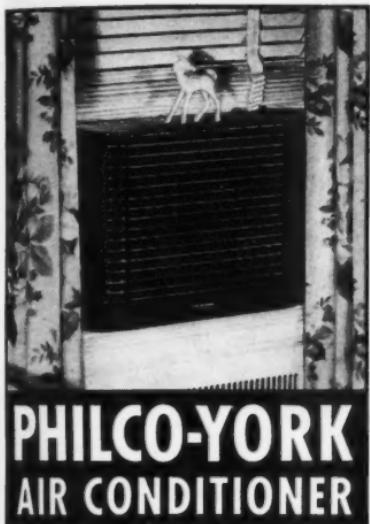
CALMITOL

THE DEPENDABLE ANTI-PRURITIC



AUGUST 1940

Doctors Can Now Recommend Air Conditioning for Hay Fever on a Trial Basis!



PHILCO-YORK AIR CONDITIONER

MODEL 41 This handsome window-sill model provides air conditioning for bedrooms and other moderate size rooms throughout the hottest, most humid days of summer. It cools, dehumidifies, filters and changes the room air. Portable, compact and attractive. Easily, quickly installed . . . no plumbing, no wiring. Merely plug into any electric socket. Complete with filter, only

\$130.75

There is a Philco-York Air Conditioner for every size room at reasonable prices.

Special Trial Offer!

A payment of only \$10 entitles the patient to 7 days' use. Our distributor in your city will deliver and install exactly the right size unit for the room. If no relief is obtained, there is no obligation to buy. But if the patient wishes to keep the Air Conditioner, then the \$10 can be applied as part of the first payment.

Mail Coupon Now for Free Booklet and Full Details of Our Special Trial Offer.

Recent surveys by medical authorities show that a big majority of physicians agree that most hay fever sufferers are greatly benefited by Air Conditioning. Many medical trial treatments in recent years have established this fact. Only the most stubborn cases, the doctors say, fail to find relief.

Therefore, during this hay fever season, Philco gives the physicians of America the opportunity to recommend the Philco-York Portable Air Conditioner to their hay fever patients ON A TRIAL BASIS.

The Philco-York Air Conditioner COOLS the air amazingly, reduces humidity, and particularly filters out the pollen, dust, dirt and lint. This special trial offer is explained in detail below in this advertisement.

Philco Radio & Television Corporation, Dept. 542
Tioga and C Streets, Philadelphia, Pa.

Please mail me the beautiful, illustrated Booklet on the Philco-York Air Conditioners together with details of your Special Trial Offer and name of your local distributor.

Name

Street County

City State

But Doctor, HOW DID YOU EVER KNOW?



*...a question easily answered
by one who appreciates the
importance of evaporated
milk in infant feeding*

How does a doctor know what to do when Baby suffers tummy upsets and after-meal distresses? Easy! Experience has shown him that an evaporated milk formula proves a splendid substitute when mother's milk fails.

Experience has also shown him that White House Evaporated Milk offers both quality and *thrift*. Its economy is quickly proved by comparing price with other high grade brands at any A&P Food Store.

White House is accepted by the American Medical Association's Council on Foods; approved by Good Housekeeping Bureau. It conforms to Government standards, with a 26.3%

total solids content average and a 7.84% butterfat content average. Its curd tension is 0 (gram). It is sterile, unbiased laboratory tests report.

It's homogenized: the fat globules of ordinary milk are broken into tiny particles and blended evenly throughout White House. And it's pre-heated, standardized and sterilized, providing a soft, finely-divided, fluid-like curd easily digested and assimilated. Made, sold and guaranteed by A&P, your patient gets her money back if she is not 100% pleased.

It's Homogenized

SOLD AT ALL A&P FOOD STORES

SIDE LIGHTS

Whenever Congress puts its O.K. on a new program of Federal spending, there's a mad scramble to cut up the melon. The \$60,000,000 hospital-building plan promises to run true to form. Slogan will probably be: "Get the money; then figure out how to spend it."

But how many communities know what their hospital needs actually are? The more intelligent procedure, obviously, would be to find out before asking for funds.

New York is an outstanding example of a community that has done just this. Three years ago, its hospital facilities were surveyed and its needs outlined for the next quarter century. The study cost \$140,000.

Although few communities can afford such an elaborate and expensive job, much can be done at even nominal cost to avoid unnecessary expansion of hospital facilities. Yet—with the spend-first-and-ask-questions-later philosophy so deeply ingrained, perhaps this is asking too much.



Ever count letterheads or shingles to see how many prefix the name with "Dr." and how many tag "M.D." after it?

The trend today is toward the "M.D." And for good reason.

Correspondence school alumni with an urge for a spangle seem increasingly inclined to call themselves "Doctor." Growing numbers of other more respectable citizens use the title legitimately—vide: doctor of philosophy, doctor of dentistry, etc.

The physician's only recourse is to exhibit his distinguishing M.D. If it's "M.D." on the sign, on the letterhead, on the prescription blank, and in the phone book, the idea will

eventually penetrate public consciousness.

Some practitioners stress the M.D. even in speech. For example: "I'm going to send you to an M.D. who specializes in skin conditions." Or: "Have you had your eyes examined by an M.D.?"

The label "Doctor" was never the exclusive property of the physician, and is becoming less so each year. "M.D.," on the other hand, is the unmistakable touchstone of the doctor of medicine, the insignia of a unique and hard-won professional status.

Let's use it.



To anyone familiar with the philosophy of the Republican nominee for President, his stand on socialized medicine should be clear by inference. By way of allaying any doubts, however, Mr. Willkie was asked recently to state his position.

The question: "What is your attitude toward socialized medicine?"

The answer: "I'm against it."

In these simple words we have it: The opinion of a man who evidently knows his own mind and has the courage to express himself without playing hide-and-seek or resorting to political sophistry.



Why didn't the patient return?

Perhaps because nothing positive was done to make him *want* to return.

A general practitioner whom we've known for years expressed himself on this point the other day:

"You can't satisfy the patient by sitting in a swivel chair and discussing things abstractly," he said. "You've got to do something tangible.

"Maybe it's a hot day. Maybe

you're tired. Still, you must get up and make some examination or test which will convince the patient that you're doing something positive for him right here and now."

The physician who has cultivated the fine art of seeing things through his patient's eyes applies this principle routinely. He knows that the people who consult him pay actually for his knowledge yet like to feel that they are paying for the more concrete examination and treatment. On this account, he almost always makes a physical check-up and administers some actual, measured therapy while the patient is in the office.

The psychological reaction to an injection or to massage and manipulation can scarcely be overestimated. These are the things that satisfy patients, that keep them coming back, and help assure successful treatment through regular attention.

The practitioner who relies on the spoken word without laying hands on

the patient is overlooking a principle that's fundamental to the sound practice of medicine.



With bowed heads, a group of men and women stood in a Staten Island (N.Y.) cemetery to pay final tribute to "Lewis, the elevator man."

It was a strangely-mixed gathering. Among the mourners were the medical superintendent of a well-known hospital, a police officer, an official of Delta Kappa Epsilon fraternity, and a number of physicians and nurses.

When it was over, all were misty-eyed. They knew they were going to miss a friend.

Since 1931, Lewis had been a fixture at New York City's Bellevue Hospital. He was little and thin and old. But he was kind—especially to young doctors, who often came to him for advice. He spent most of his \$45 a month on toys for child pa-

Indicated in Cases of
VITAMIN B DEFICIENCY

★ Vitamin B₁ Tablets *Armour* provide this essential nutritional factor in fully standardized, easily administered tablet form. The vitamin is present as thiamin chloride... synthetically prepared... and is available in the following strengths: 50, 300, and 1000 International Units.

Reputable pharmacists everywhere will fill your prescriptions for this important *Armour* Vitamin preparation.

THE ARMOUR LABORATORIES

Armour and Company, Union Stock Yards, Chicago, Illinois



AUGUST 1940

MAZON presents

Bath BEFORE and AFTER photostudies



Mazon has the widest sphere of application in the treatment of skin diseases and is free from side action.

By personal clinical tests and observations, physicians are proving to their own satisfaction the unusual effectiveness of Mazon.

6 reasons why physicians prefer Mazon:

- NON-STAINING
- NON-GREASY
- NO BANDAGING
- ANTI-PRURITIC
- ANTI-SEPTIC
- ANTI-PARASITIC

Mazon Soap is an important factor in Mazon treatment. It properly cleanses the affected areas, before the application of Mazon.

Samples and Literature on request.

BELMONT LABORATORIES, INC.

PHILADELPHIA, PA.



Self evident is the need for stepping up the calcium intake during pregnancy as a means of offsetting the demands of the growing fetus.

CALCIUM GLUCONATE EFFERVESCENT (FLINT)

offers assurance of routine administration because it is palatable, easy to take, assimilable.

Council-Accepted—Protected by U. S. Patent No. 1983954—each gram contains calcium gluconate U.S.P. 0.5 Gm., citric acid 0.25 Gm., and sodium bicarbonate 0.25 Gm.



FLINT, EATON & COMPANY
DECATUR ILLINOIS

tients; so that when he died, members of the staff had to raise a fund to save him from burial in potter's field.

Lewis, of course, was not without his peculiarities. They were what made him a "character." He took an odd delight, for instance, in reading medical literature. As fast as the latest advances appeared in print, he knew of them—sometimes before the staff members. When this was the case, the latter laughed and said, "Lewis, you should have been a doctor." They didn't know that Lewis was a doctor.

Nine years ago, Dr. Lewis Nathaniel Foote called on his friend, Dr. William F. Jacobs—Bellevue's medical superintendent—and told him he was giving up his practice. The deaths of his wife and mother, he said, had left him without interest in life. Perhaps Dr. Jacobs would give him some small job where he could remain around medicine and medical men?

Dr. Jacobs could hardly believe his ears. The man before him was a respected colleague—a gastro-enterologist. He was a graduate of Hamilton College and New York University Medical School; an instructor at Long Island College Hospital; a member of the Kings County Medical Society, the Pathological Society of New York, and the Association of Physicians of Long Island; and was connected with several hospitals.

Eventually, however, he yielded to his friend's insistence. He got Dr. Foote a job running an elevator in the hospital, hoping some day to talk him out of his strange despondency.

That day never came. Several times, when vacancies occurred on the Bellevue staff, Dr. Jacobs offered them to the elevator man.

The latter's reply was always the same: "No thank you, Doctor. I'm happy as I am."

When death overtook him he was helping a nurse's child with his homework.

EDITORIAL

Recognition for the G.P.

The success of the specialty boards in furthering postgraduate study among specialists prompts a timely question:

Why limit the idea? Isn't it fully as important to encourage postgraduate study among general practitioners?

These men constitute by far the greatest branch of the profession. They minister to the needs of the bulk of the public. Owing to the breadth of the field they must cover, their task of keeping up to date professionally is even more difficult than that of the specialist.

The specialty boards have succeeded because they appeal to a basic human motive: the desire for recognition. The satisfaction of this motive is amply justified by the extent to which it has furthered postgraduate activity. Given a similar incentive, the general practitioner would exert himself quite as readily as his colleagues in the specialties have done.

Admittedly, many physicians would, and do, keep abreast of advances in medicine without any outside stimulus. Yet it is a fact that when such stimulus is applied, the effort is increased in these men and generated in others.

According to the Commission on Graduate Medical Education, only

about 25 per cent of American physicians enroll for postgraduate study courses in any one year. The commission concludes, therefore, that "there is need for additional incentives to practicing physicians to take the courses that are available."

For the family physician, an American Board of General Medicine would provide just such an incentive. It would impel the general practitioner—even the man who "can't find time"—to keep abreast by giving him professional recognition.

Because the general practitioner, like the specialist, desires concrete evidence of his ability, and because such evidence would encourage him to keep up to date professionally, it is logical that he receive a certificate of proficiency upon meeting the prescribed requirements.

The effect of this would be to attract to general practice some of the best minds in medicine. It would dam the trend toward over-specialization. It would give new dignity to general practice. And, by stimulating the family doctor's interest in postgraduate study, it would facilitate better medical care of the public.

H. Sheridan Bakel

Why buy a practice?

You're likely to lose your shirt. Yet if you insist on risking it, here's sound advice.

★ The market for medical practices is shrinking. Fewer and fewer are being sold each year. Why?

Perhaps because of a slight loosening of the personal bond between physician and patient.

It's common knowledge that people today are more transient than they used to be. Economic changes have spurred them to seek new opportunities, fresh locations.

This growing instability, accelerated by cheaper means of travel, has led to an increasing turnover of patients in the average medical practice. It is thus becoming more and more difficult for one physician to transfer his good will to another.

Then, too, in recent years, growing numbers of medical men have been trekking city-wards, lured by the promise of a better livelihood and by the actuality of top-flight hospital and educational facilities. Once settled there, they have discovered that the good will of a medical practice has even less value in an urban center than it has elsewhere.

Another reason for the decrease in buying is this:

The establishment of certification boards has made it more and more difficult for the general practitioner to become a specialist. Formerly,

after doing general work for a few years, he could sell his practice, get a few months' training, and set himself up as a full-time specialist. Now, professional opinion in general and the certification boards in particular insist upon three or four years' special preparation—for which the G.P. can afford neither the time nor money. As a consequence, he keeps his general practice and specializes only partially, if at all.

Then there is the factor of hard times—particularly in its effect on younger men.

Says one medical placement bureau head: "Now they come in, look over what we have listed, and go away shaking their heads. They have no money." Before the depression, a family could furnish its son and heir a medical education and still have enough left over to set him up in practice. Now, training alone, which costs more in time and money than ever before, takes every available cent. When the young hopeful eventually finishes, he's much too broke to think of buying a practice.

Finally, many would-be buyers complain that physicians with practices for sale either set too high a price on them or make the cost prohibitive by insisting that real es-

tate be included in the deal.

MANY SELLERS; FEW BUYERS

Although buyers are few, hundreds of practices continue to be offered for sale. Typical of a group of fifty listed by one agency are the following:

A Colorado physician will sell his home and seven-year-old practice, which has been grossing \$5,000 annually, for \$6,000. Price without the home: \$2,000.

A retiring Florida G.P. asks \$7,000 for house, garage, and practice. Annual gross income: \$11,000.

A doctor in a Chicago suburb wants only \$2,000 for a practice that has been grossing \$15,000 a year. He offers to introduce his successor.

A large-city specialist will sell equipment, good will, and real estate for \$12,000. Average gross income from the practice is \$18,000 annually.

The consensus of informed opinion—because of such reasons as those cited—is that buying a practice is usually a poor idea. Despite this, of course, optimists in the profession will continue to try their luck. And some will undoubtedly be rewarded, since there are bound to be exceptions to the rule. For the benefit of these men, the following practical pointers are given:

WHERE TO LOOK

Let's assume that you've decided to buy a practice. Your first question is: "Where shall I look for one?"

First, try the physicians' exchanges where you will probably find all you want. If not, look at the classified advertisements in your



MEDICAL ECONOMICS

medical journals. A third possible source is your circle of friends.

If you draw a blank on all these, try inserting an advertisement of your own in a medical journal.

DANGERS BY MAIL

Answering ads should be done with the utmost care, especially if the practice in question is far from home. An object lesson is found in the actual case of a young physician who had just finished his internship in the Midwest and wanted to settle in the West:

This man, whom we'll call Dr. D, spotted the medical-journal ad of a general practitioner in a small Idaho town, who offered to sell his good will and equipment for \$1,200. Price and prospects sounded good, so he wrote for a list of the equipment. This he had appraised by a medical supply house as worth about \$800, if in good shape. Further correspondence revealed that the seller would take half in cash and the rest in installments.

To buy this bargain, Dr. D raised \$900 by selling his furniture and borrowing on his life insurance. He made a down payment on a car, loaded himself and his wife into it, and headed gaily for Idaho.

Crushing disappointment met him there. The physician blandly advised him he'd have to buy real estate with the practice. This boosted the price from \$1,200 to \$5,000—far out of Dr. D's reach. The seller, of course, had figured

that his would-be successor could scarcely refuse to buy everything after pulling up stakes at home and coming so far.

WHAT PRICE GOOD WILL?

Second consideration in buying a practice—and perhaps the most important—is whether the price asked is fair. Present and previous gross-income figures should help in deciding it. Yet, often, the relation of price to income varies confusingly. For three actual practices investigated—each said to be grossing in the neighborhood of \$10,000 a year—the asking prices range from \$2,000 to \$8,000.

As a general rule, the buyer should



New sun glasses

Have trouble finding sun glasses that are "just right" for any intensity of sunlight? If so, you may be interested in the new Polaroid Variable Day Glasses which permit reducing the brightness of a scene as much or as little as desired, at the same time eliminating glare.

Principle is this: Each eye looks out through two Polaroid lenses. Front lenses are stationary; rear ones are rotated by a button on

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base his bid only on tangibles (e.g., equipment, instruments, drugs, supplies, real estate). Good will is becoming less and less a salable commodity. Physicians who pay for it often find that they have bought a mere bagatelle.

To illustrate:

A certain young practitioner (we'll call him Dr. W) had, within a year, acquired an office and equipment of his own. Yet he felt that his clientele was growing too slowly.

Meanwhile, a nearby doctor who had practiced successfully for fifteen years, with the aid of referrals from a friendly surgeon, died suddenly. The surgeon at once urged

our young M.D. to buy the deceased's practice, promising to continue his referrals.

Dr. W agreed. He signed a contract with the widow to share all income from her husband's patient's giving her 50 per cent the first year, 40 per cent the second year, 30 per cent the third year, and 20 per cent the fourth year.

Then the denouement.

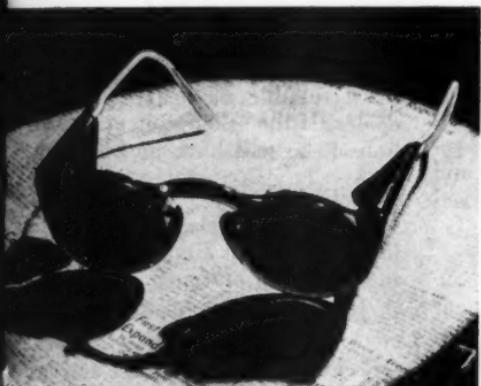
First, Dr. W had a falling out with the surgeon, who promptly stopped referring cases. Next, he found out that his predecessor had done mostly anesthesia work, and not general practice as he had supposed. Finally, he discovered that most of the patients he had "acquired" had visited the former physician only once or twice, or had been seen when the latter was called in as a consultant.

Result: After two years, Dr. W has about sixty new patients out of a list of 2,000 names taken from the deceased's books, many of whom would probably have come to him anyway. He also has the double nuisance of keeping two sets of books and presenting quarterly statements to his predecessor's estate.

Another actual case:

A surgeon with a large practice in a Midwestern city wanted to move to Chicago. He answered an advertisement of a surgeon in the latter city who offered to sell a practice ostensibly grossing \$15,000 a year.

Negotiations began. The would-be buyer found the



control light

the bridge of the frame. Moving this button to the extreme left allows a maximum of light to reach the eyes. By pushing it to the right, vision is darkened until the brightest landscape can be viewed without discomfort. (Cuts show two adjustments of same glasses.)

Louvered side shields are an optional feature. They eliminate back reflections, but admit light for clear side vision.

MEDICAL ECONOMICS

seller's claims to be substantiated by his books. The price finally agreed upon was \$7,000.

Equipment—the only tangible asset—had originally cost \$1,500, but was now appraised at only \$300. Consequently, the price paid for good will was \$6,700.

The purchasing surgeon gambled, of course, on his own personality to keep most of the former doctor's patients. He lost. After three months, the practice had dwindled to practically nothing. He threw up the sponge and went back to his home town, wiser but poorer. He just hadn't clicked with the type of patients who had formerly been coming to the office.

Both this case and the one preceding it emphasize the point that good will often has little or no cash value. Principal exception to this is where a transfer of some of the selling physician's patients is reasonably assured by an arrangement under which the buyer and seller work together for a fixed period.

WHY IS HE SELLING?

Another vital question the buyer should ask is: Why does the seller want to get rid of his practice? Vague explanations are their own warning. Any reason that doesn't ring true should be checked by judicious inquiries addressed to the postmaster, a local banker, or businessmen in the town where the practice is located.

ADVICE WORTH PAYING FOR

Every purchase of a practice entails a certain element of risk. But this can be reduced by taking a few simple precautions. Expert advice costs money, but it is obviously

worth a few dollars to safeguard an investment of several thousand.

EXAMINE THE BOOKS

First, check the seller's records, preferably with the aid of an accountant. Note how many accounts are likely to be transferable, what the percentage of delinquents is, and so forth. Compare the seller's own estimate of his monthly earnings with what the books reveal.

QUERY REALTORS

If real estate is included, get several estimates of its worth from competent local real estate men. They will also be in a position to evaluate the community and its inhabitants.

HAVE EQUIPMENT APPRAISED

All equipment, drugs, instruments, and supplies should be appraised by a reliable medical equipment dealer. If the seller's intentions are honest, he will have no objection.

CALL IN A LAWYER

It is always advisable to have a lawyer draw up a contract recording the sale [*Continued on page 60*]



DEATH CLAUSE: While advising me on a new office lease, my lawyer suggested having the following clause inserted: "In the event of the death of the tenant, this lease is automatically void."

Reason: The law says that if a physician dies, his estate is liable for the obligations of any lease he may have signed—unless, of course, there is a specific stipulation to the contrary. If the latter provision is lacking, the hardship imposed on the practitioner's family is only too obvious.—STEPHEN N. TAGER, M.D., New Rochelle, N.Y.

We give interns a head start

BY HAROLD F. ROBERTSON, M.D.*

The young medical tyro just completing his internship has a difficult prospect ahead of him these days. Good jobs are scarce. Funds for getting a start in practice are too often lacking. All of which heightens the alluring promises of Governmental subsidies and Utopian socialized medicine schemes which can offer some livelihood to graduates in desperate straits.

To help combat this difficult situation, we at the Philadelphia General Hospital started an interns' placement bureau two years ago. Its operation has proved as effective as it is simple:

First, I work with the incumbent president of the hospital's intern society (Blockley Medical Society) in ascertaining what each resident's post-graduation plans are. Then, every twelve or eighteen months, we write to all ex-residents of the hospital. We explain the purpose of our placement bureau, and ask that they notify us immediately of any residencies, fellowships, or other positions for which Blockley graduates might qualify.

Our requests travel far, since the hospital's ex-residents are widely scattered. Many have become institution heads, successful specialists, or well-established practitioners. They all are willing, and at one time or another are able, to help a graduate of the institution where they themselves trained.

Since 1938, we have sent out some 4,000 letters. Our very first questionnaire brought in about fifty replies telling of available opportunities. The second batch of inquiries drew an equal number of responses. How graduates have benefited is shown by these cases:

One of our men, now in practice, helps meet his rent and overhead expenses by part-time insurance work obtained through a bureau inquiry two years ago. Another secured the position of assistant visiting physician to a large hospital in a growing suburban community of a large city. A third enjoys a comfortable salary doing clinic work in his specialty. Still others have advanced to chief residencies with moderate salaries, maintenance—and opportunity.

Extended to other hospitals throughout the country, this placement bureau plan would ultimately establish a close bond between the interns and ex-residents of these institutions. Instead of being forced into the regimented role of a Government employee, the intern would be given a better chance to obtain a livelihood in private medicine. In many cases, too, department heads of institution clinics would be assured a high type of young medical man with a minimum of searching and error.

*Assistant visiting physician, Philadelphia General Hospital.



No traffic snarls in

Efficient arrangement facilitates easy flow of patients from room to room

★ Cleanliness and tasteful decoration are commonly considered the twin virtues of a medical office.

Yet no less vital is an arrangement of rooms that facilitates the flow of traffic and minimizes confusion.

Such an arrangement characterizes the seven-room office of Dr. Carl M. Helwig in Seattle's Stimson Building.

The design of this suite permits passage from one room to another

without having to go through a third room. It thus allows the utmost in privacy for patients, and makes all rooms readily accessible to the doctor and nurse.

Consider the case of an incoming patient:

When she enters the suite, she finds herself in the business office. Here she is received in privacy, by the nurse. Depending upon circumstances she may be ushered into the reception room or led directly



Above (l. to r.): The business office, reception room, and corridor laboratory (note the kitchen-unit laboratory and counter-sunk scales.) Left: Floor plan. Black arrows indicate positions from which pictures were taken.

THIS office!



A SEVEN-ROOM LAYOUT FOR A GENERAL PRACTITIONER



to the consultation or treatment rooms.

If the patient is shown to a seat in the reception room—as usually happens—the nurse then returns to the business office where she has immediate access to the files. She withdraws the patient's record and may take it to the consultation room without disturbing or being noticed by the waiting patients.

When the time comes for the patient to leave, she does so via the business office, thus affording the nurse an opportunity to make collection arrangements and to schedule future appointments. The business office is reached directly from the corridor, thus making it unnecessary to pass before the gaze of patients seated in the reception room.

People whom the doctor is unable to see at the time they call

can, of course, be dismissed without entering the reception room.

Inasmuch as the nurse occupies her own separate office, patients are not likely to be disturbed by the sound of her typewriter and telephone. An advantage of this particular room is that it is large enough for the purpose it must serve. In it are adequate space for the nurse's desk and chair, a guest chair, typewriter, adding machine, files, and storage cupboard.

The corridor in this suite serves as a combination laboratory and utility room. Here are a shelf on which to write memoranda and prescriptions, a Dictograph to the pharmacy downstairs, and a modern kitchen-sink unit which is used as a laboratory workbench. Neatly kept and so located, this laboratory creates an impression of thoroughness and spotlessness which



patients are quick to appreciate.

Scales in the corridor are accessible to patients when on their way to the treatment rooms. The platform of these scales, covered with matching linoleum, is set flush with the floor.

In the treatment rooms, in addition to overhead lights, there are examining lights suspended by rods from the ceiling. Being adjustable as to length and location, they save space and are easily handled.

The consultation room shown is not Dr. Helwig's. However, it is located in the same building and is quite similar. One of its features is the small desk which takes up little room yet affords sufficient space for the average practitioner's needs. (The use of such desks in medical offices appears to be on the increase. In some suites visited, desks as small as 2' x 4½' have

Movable-rod examining light and small-size desk are features of the treatment and consultation rooms above.

been found adequate in size and of considerable help in making the office seem less cramped.)

Dr. Helwig is an obstetrician-gynecologist; yet his arrangement of rooms is well suited to the needs of a general practitioner.

The only major flaws in this office appear to be (1) the circular arrangement of chairs in the reception room so that patients have to sit facing each other and (2) the presence of windows along only one wall. Unfortunately, in a professional building, it is not always possible to avoid the latter drawback.—HENRY L. ASHWORTH



Good morning, Nurse!

BY MARTIN O. GANNETT, M.D.

★ What is so rare as a day in June?
A doctor attending his patient's
funeral.

* * *

Georgie Adams' vasomotor rhinitis had tested the art of every M.D. in the neighborhood—to no avail. But one week after reaching my office, the boy came down with lobar pneumonia, a high fever persisting for several days. Today, there isn't a trace of the rhinitis, and I'm the fairhaired lad.

"Well, Mrs. Adams, it sometimes happens that this condition improves after a period of high fever, and . . ."

"Go on now, Doctor, you don't have to be modest with me. I know what cured my boy. Only why couldn't any of the other doctors figure out about the oxygen?"

* * *

Ever since the police brought to light Dr. X's activities as a wholesale abortionist, I've been plagued by the thought: What would happen if a woman with a cold saw Dr. X's shingle and walked into his office?

* * *

John Baggage—poet. Chief complaints: "nervousness" and the "cruelty" of the Department of Sanitation for whom he works as a garbage collector. Thinks the de-

partment ought to have more fine fellows like me and fewer unsympathetic robots who care nothing for a sensitive human being.

Next day, the mailman brings a thin volume, "Time and Tide," by John Baggage, inscribed: "With my Compliment, to one who *understands*." The contents: free verse in broken English, strongly redolent of the author's occupation.

* * *

Billy Voronetz, while delivering my morning paper, imparts the exciting news that his uncle was operated on yesterday for absence of the brain. I know the uncle, and the diagnosis has much to recommend it. Nature abhors a vacuum.

* * *

"After 25 years in practice," says Dr. Ochin, running a hand over his rose-tinted ivory dome, "I still feel faintly embarrassed when a new patient comes to me to treat his falling hair."

* * *

For spinster Annie Corey, the onset of a turbulent menopause after ten years of nursing a senile mother added up to something just beyond the bearable. I was led to a rain-splashed alley where the daughter lay dead, her face in the concrete.

Through the open third story window came the querulous, high-pitched summons, repeated endlessly, over and over: "Annie, come and fix me! Annie, why don't you come and fix me. Ann-ee-e! Ann-ee! Ann-ee-ee-ee!"

I stood and listened a minute, and felt pity for the helpless living thing upstairs. But I was free to walk away.

* * *

People who dampen my love for mankind:

Mr. Guion, whose "angina," after fifteen months' friendly treatment by the corner druggist, no longer responds to nitroglycerin tablets. X-ray films show a huge inoperable carcinoma of the stomach...

Mrs. Dooley, who calls up on the eve of entering the hospital for removal of renal stone, to say that she has just discovered a new doctor who specializes in melting kidney stones with medicine, so no operation is needed...

* * *

Mr. Gerardi's drunken gyrations had landed him in a muddy basement when a cellar door gave way under his bulk. Whereupon he nearly broke down my door at 2 A.M., demanding that I save his life immediately. Findings: multiple contusions and abrasions. Fee: deferred.

Today, four months later, Mr. Gerardi, brightly amiable and redolent of Hennessey's astral Spiritus Frumenti, comes in and, with a flourish, puts down two dollar bills on my desk.

"Didn't think I'd pay up, did ya, Doc? Well—here it is. . . Say, write me a little document about my in-

juries that night, will ya? I'm suing that fellow who owns the house and the lawyer wants the certificate. But make it strong—eh, Doc? Ha, ha! Nothing for nothing, that's me."

* * *

The morning after Mr. Moretti is taken to the hospital with acute appendicitis, Mrs. Moretti, wringing hands frantically, comes running into the office. "Doctor! Trouble! My big girl, Francie, she got appendic' too. Come, please, quick!"

On the way over I reach complete agreement with myself as to the neurotic nature of the complaint. But alas for the rational imagination! Francie has indeed "appendic' too." Three hours later her neurosis is removed surgically in the form of a red-hot retro-cecal member.

* * *

In the Gruen household all is peace until Grandfather Gruen comes home from a prostatectomy with residual incontinence. Within a week, five-year-old Billy, whose enuresis responded well a year ago, relaxes his sphincters again and pulls all stops.

Mrs. Gruen demands categorically that her husband take his father to a convalescent home. Can't he see the sickness is contagious?

The brat answers all admonitions with:

"Well, grandpa does it, don't he?"

* * *

During the past four weeks, Mrs. Schneider, 63, has been to several doctors and gone home with several diagnoses—among them: bronchial asthma, pulmonary tuberculosis, cancer. Chief complaints: in-

MEDICAL ECONOMICS

tractable paroxysms of coughing, followed by vomiting; weight loss of 22 pounds.

My advantage over my predecessors is only this: I treated little Carl Schneider before Grandma came from Minnesota to visit. It is not often, after all, that grandma and grandson reach the whooping cough age together.

* * *

The talk at a staff-room session turns to the intuitive way patients have of calling their doctor at awkward and inopportune moments.

"If you make this a contest," says Mac Eller, "I'll win hands down. I've been in practice thirty-two years, and I'll bet five dollars there isn't one of you can name a situation—any situation—when I haven't been disturbed by a call."

From Dr. Roslyn Winters, sitting quietly in a corner, comes a giggle. "I'll take that hard-earned money of yours, Dr. Eller. An emergency call came in for me last October while I was in labor. Can you recall anything like that?"

* * *

The elderly gentleman began in the skin clinic, was referred to surgery, and thence in turn to the peripheral vascular department. Which was logical enough, considering that his admission complaint had been an ulcer of the right great toe. Only he belonged in the skin clinic after all.

Diagnosis: anesthetic leprosy.

* * *

Devious are the ways of heredity.

Mr. Weissauen is 76—tall, spare, and gusty; plenty of hair, and all his own teeth. Mrs. Weissauen at 72 is small and quick, with the kind of sunset-glow complexion they

haven't yet managed to compress into the most expensive compact.

They usher into my presence a withered, rheumy old man. Says Mr. Weissauen:

"This is my boy, doctor. Fifty-one years old and never a well day in his life. Gets these wheezing spells at night. Lately, he can hardly catch his breath. I sure hope you can do something for him."

* * *

Dr. Snyder, jowled and pontifical, leaning back in his swivel chair, looks penetringly at Mrs. Libbey, adjusts his glasses, and pronounces:

"To begin with, dear lady, before I even examine you, I may tell you that you'd better have all your teeth out."

Whereupon—click, click. "Why, here they are, Doctor."

* * *

Miss Mattison, in her thirties, spinsterish but spry, makes each visit the occasion for small talk.

"Ran into your wife, Doctor. Went all the way downtown to see a revival of 'The Old Maid' and there she was buying a ticket too. 'Hello,' said I, 'why should you be coming all this way to see 'The Old Maid?' 'Why,' she replied, 'for the same reason you came.'

"Oh, no! I came to see what she did about it!" Gales of laughter...

* * *

Maybe it *was* Mr. Sam Goldwyn who said it; but where it really fits is at any of my clinical society meetings, where at the end of any paper whatever, long-winded Dr. Portly may be depended upon to get up and begin:

"For your information, I should like to ask a question..."

Seminars bolster society meetings

*This Texas group prescribes a radical change
of program for small societies on the
verge of membership starvation*

• Three years ago, attendance at meetings of our county medical society in Texas had dwindled to a mere handful. As with hundreds of other small medical groups throughout the country, interest was at a low ebb.

The reasons were fairly obvious.

Following the development of automobiles and good roads, the city clinic and various types of post-graduate assemblies came into being. They instituted imposing lecture courses with the finest medical teachers in the country as visiting attractions. As they developed an almost hypnotic scientific glamor, they began drawing large audiences from suburban and even rural areas.

Result?

Physicians quickly got into the habit of attending about four such meetings a year and ignoring every other scientific group. They felt they were getting better instruction than before—so why bother preparing or listening to papers at county society meetings? Besides, medical libraries now offer handy package services, and there are always the medical journals.

Another potent force operating against small medical groups has been the Depression. Hard times

have forced members to meet stiffer competition for the better class of patients, and to go in for a growing number of community activities in order to maintain their practices. Their free time has thus been cut down to a minimum.

The sum total of these factors might seem to indicate that the county society has outlived its usefulness. But has it?

Our county group refused to take that verdict lying down. As we see it, the county unit is the last existing organization open to the average practitioner for the interchange of ideas on subjects such as management of practice, the economics of medical services, and intraprofessional relationships. It has also become the last stronghold of case reporting.

From experience, we knew that guest speakers would do little to swell attendance at society meetings. Members quickly reach the saturation point for these talks. Before long, program chairmen are embarrassed to find they cannot provide a reasonable turnout.

Our own solution was to inaugurate informal, seminar-type discussions of knotty or controversial problems encountered in everyday

MEDICAL ECONOMICS

practice. Since forums of this kind have become a regular feature of our meetings the Palo Pinto-Parker County Society has again become a going concern.

Under such a plan, subject matter is all important. Topics which involve an honest difference of opinion, or in which there is constant change due to new developments, have been found best. Theoretical, highly technical, or obscure subjects are avoided.

Actual procedure is simple. First one man presents a six- or eight-minute discussion, prepared in advance, of a topic assigned for a particular meeting. He is followed by a second speaker with a talk of the same length. Then the subject is thrown open to the floor.

If extensive in scope, one topic may suffice. Usually, however, at least two are needed to provide interesting discussion for a session.

When assigning a topic to some particular member for preparation, the program chairman suggests that he also make up a standard procedure for it and come equipped with typewritten or mimeographed copies for distribution among his listeners. Knowing that the results of his research will thus be made available in usable form, the speaker gains new incentive.

The plan was first tried out at our October meeting, last year. Selected for discussion was how to answer the patient's inquiry: "What should my blood pressure be?" Three members were assigned hypothetical cases, all different. Each was asked to outline briefly what he would tell the patient in his case, discuss the reasons therefor, and comment on any divergent medical or popular opinion. In this connec-

tion, it was pointed out that much apparent disagreement among physicians may cause them to lose face with a confused public.

At two succeeding meetings, under the general heading of "Acute Emergencies," we discussed the management of acute cardiac emergencies, barbiturate poisoning, head injuries, and emergency comas.

How has the plan worked? Splendidly. Membership attendance is back to normal. Enthusiasm has run so high that several members have actually *volunteered* to work up special topics. Some men who take part in the programs order packages from the State medical library.

We are particularly pleased that this type of program has forced local physicians to brush up on making case reports—a rapidly vanishing art in this day and age.

The county society has thus demonstrated its continuing usefulness as a forum for the exchange of scientific and practice-building ideas among local practitioners.

Our group is anxious to see others try a similar plan, in the hope that improvements will be discovered and called to our attention.

—J. EDWARD JOHNSON, M.D.
Mineral Wells, Texas



WASHABLE SHADES: Dirty window shades will disfigure the trimmest of offices. If this is one of your problems, a new type of fibre shade that looks like cloth when hung should be worth investigation. These shades have an oil finish which can be sponged clean with water and mild soap. Complete with rollers and brackets specially designed to prevent fraying or scuffing, they retail at 35 cents each, permitting two or three changes a season.

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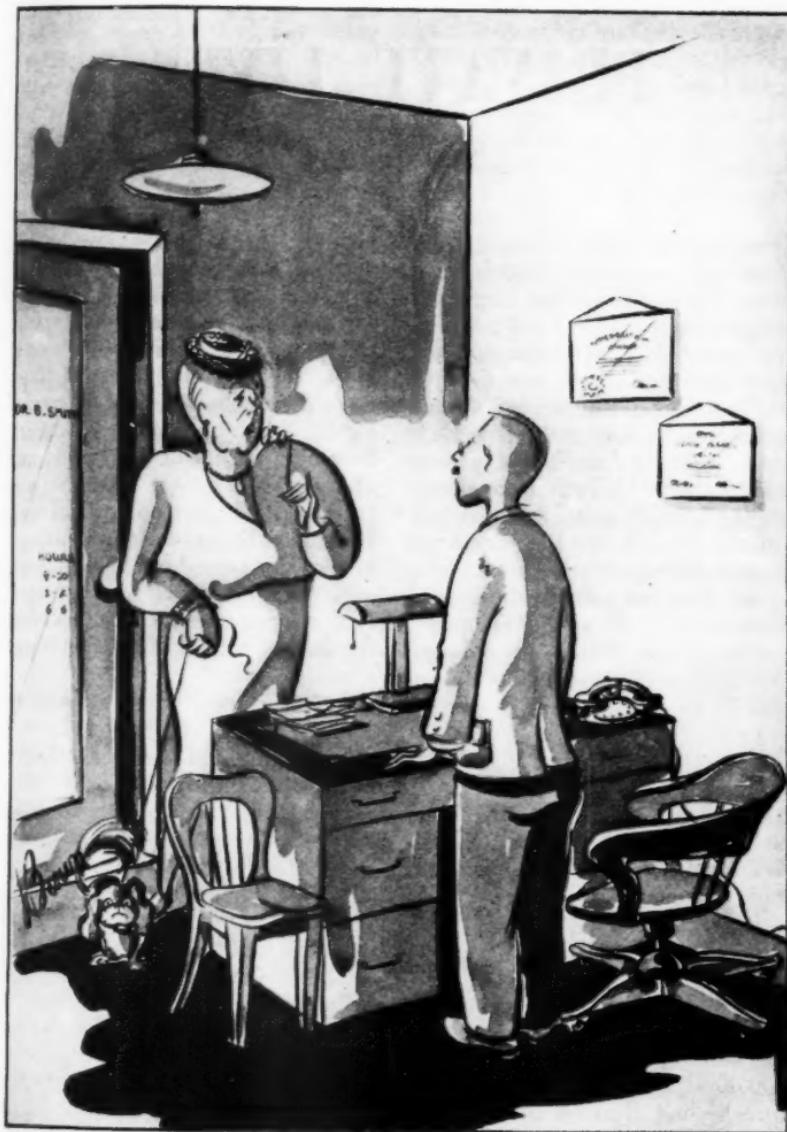
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You know the type



"Are you Dr. Smith, the specialist—or Dr. Smith?"

PRIVATE LIVES

Sweepstake

One afternoon late in March 1939, tense millions in the United Kingdom, Europe, and the Americas hugged their radio loudspeakers. No war bulletins interrupted the broadcast they heard; only the roar of thousands lining the famed steeplechase course at Aintree, England, where a handful of piston-legged thoroughbreds were deciding the Irish Hospital Sweepstakes. On the lips of the listeners were excited little prayers for that personal peace and security they hoped a winning ticket would bring.

"Workman first!" they heard the announcer shout above the tumult of the crowd. "Kilstar third!"

In the tiny Canadian village of Bateman, Saskatchewan, a stocky, 46-year-old country doctor got up from beside his radio, turned and embraced his wife. "We're lucky this time," he said simply, and began to prepare for his usual calls.

Dr. Harold Anson Woodside's one annual extravagance, a ten-shilling sweeps ticket, had finally paid off—to the tune of \$50,000! As in former years, the odds against his winning were anywhere from 500,000-1 to 5,000,000-1. But this time he had drawn one of the favored horses.

Several days before, when the draw was announced, a New York syndicate had wired offering him

\$10,000 for a half share in his ticket. Dr. Woodside had turned it down—a rash decision, you might say, for a physician with \$20,000 worth of unpaid bills on his books.

For the 200 inhabitants of Bateman, a neighbor's windfall turned out to be their own. When his dream became a reality of hard cash, one of the doctor's first thoughts was for his friends, the townspeople and farmers of the area. He ran through his books, crossed off the debts (see cut) of every patient who was really hard up, and reduced the amounts for others. Altogether, \$15,000 was scratched off.

In gratitude, Bateman feted its lone physician and his family at a gala testimonial banquet. Every able-bodied person within 100 miles of the town showed up to help present a silver tea service to the guest of honor. They were lucky to have such a doctor, they agreed.

As a matter of fact, chance played its part in bringing Dr. Woodside to Bateman. Finishing medical school in 1918, the doctor headed for a vacation in Vancouver. En route, he happened to stop overnight in Bateman, then a booming hamlet of 375 souls. He saw that a doctor was needed, so he stayed. For ten years, things went comfortably. Then the drought, starting in 1929, made a dustbowl of the

wheat fields, and his patients paid in produce or simply owed him.

After such a period of tough sledding, some kind of a splurge was certainly called for by the unexpected arrival of a tidy fortune. Dr. Woodside's first exuberant gesture was typical of the man. Since Britain's King and Queen were visiting Canada at that time, he treated 150 school children to a trip to Regina on the half-day which Their Majesties spent there.

Two months later, he took Mrs. Woodside, their two sons and one daughter, and Mrs. Woodside's parents on a long-promised trip to England, to visit relatives.

That and a new Buick sedan were major expenditures. Ten thousand dollars Dr. Woodside put aside to set himself up in a new practice in the Lethbridge district of Alberta, after a year's vacation.

Like all sweeps winners, Dr.

Woodside got the usual quota of begging letters. Stock salesmen plagued him; cranks and chiselers tried interesting him in gold bricks or crack-brained schemes. But the winnings were quickly salted away in Dominion of Canada bonds, industrial stocks, and insurance. Not a penny of it went to the government in taxes—a practice unheard of in the U.S.

Despite ten years of lean living, the doctor and the younger Woodsides took the overnight change in the family fortunes rather calmly. But Mrs. Woodside will never forget it. Once the news came, she started buying all out-of-town and English newspapers that carried stories about the windfall. Now she has a pair of scrapbooks bulging with clippings. As might be expected, this collection now takes preference over the family album as a showpiece for visitors.



In-see

Dr. Woodside and family (above) in typical sweeps-winner pose. Left, he cancels old accounts.



*The careful tenant turns Philo Vance in detecting
a reputable landlord and a valid lease*

Check-list for lease-signers

✓ How can I insure being able to renew my lease?

Insert a clause giving you the option to do so. Neglect of this precaution may necessitate moving at the end of the lease period, thus disrupting your practice.

✓ Suppose I forget to tell the landlord whether I'm going to renew the lease or not?

If there's an automatic renewal clause in your lease, failure to notify the landlord of your intention before a fixed date means that you're obligated to pay rent for another term.

✓ If I'm not renewing, how can I reduce the annoyance of prospects brought in by the landlord to look over the place?

A "viewing clause" gives your landlord the privilege of showing the place to prospects after a specified date. To minimize this nuisance, reduce the viewing period specified in the lease.

✓ Suppose I have to move for health or professional reasons before my lease expires?

Then protect yourself in advance by insisting upon a clause in the lease which will allow you this privilege. Such a clause should state how much notice you must give before moving, and the minimum radius beyond which you must move. Overlook this important proviso, and you may have to stay to the bitter end, or move out and continue paying for the vacated quarters.

✓ What if the plumbing goes sour, or the plaster starts falling in my waiting room?

In some States, if the landlord doesn't make repairs, a tenant can break his lease. In others, such provision must be made in the lease. To be on the safe side, incorporate a clause that will hold the landlord responsible.

✓ Suppose I want to rewire for electrical apparatus or install piping for air, water, or gas?

Your lease should state clearly (1) to what extent you *can* alter or improve the premises; (2) who's going to pay for such changes; and (3) whether you can take your installations with you when you move.

✓ Isn't the landlord obliged to redecorate the place before I move in and take possession?

You wouldn't want to try to defend that notion in court. Most landlords *do* redecorate, but a few lines in the lease will insure new paint, wallpaper, etc.

✓ Suppose I want to sublet the office?

Then the lease must say specifically that you can. Incidentally, if it gives you this right, you'll still have to select your sublessee with care, because, in most cases, he must be acceptable to the landlord.

✓ Must the landlord supply me with heat and hot water?

If you're moving into a home-office—obviously, no. If you're renting in an office building or apartment house, probably yes. State

law usually guarantees sufficient heat and hot water to office building and apartment house occupants. Yet in a few places, the landlord can, with impunity, let you and your patients freeze. See that your lease insures these necessities.

✓ Suppose the building burns down?

In some States, a lease-holder must actually pay rent for an office that's gone up in smoke. This can't happen, of course, with a protective stipulation in the lease. Most leases demand that you deliver the premises at the expiration of your tenancy in good condition, "reasonable wear and tear excepted." Always add to this: "damage by fire and unavoidable accidents also excepted."

✓ What if the building is still under construction when my lease becomes operative?

Take it as cheerfully as you can. And hope the workmen will hurry. No use even protesting to your landlord unless the lease says you've contracted to occupy a *completed* structure.

✓ Are there any other precautions I should take?

Yes. Read the lease from beginning to end. If you get entangled in technical verbiage, try consulting a colleague who's been through the mill. If he's stumped, better call in a lawyer.

There's no law to prevent you from revamping a ready-made lease form as much as you please. Missing stipulations should be set down in black and white before you sign.

—THOMAS P. CROWELL

Investing in Industry

THE BUILDING COMPANIES

★ The building industry has been a sleeping giant through the depression years of the past decade. Awakened, it is now making great strides forward in an upward cyclical swing that may continue for several years.

The war abroad has had no appreciable effect on construction activities. Yet stocks of companies which manufacture building material and equipment have been in a depressed condition. Some observers ascribe this to a temporary lapse of public interest in equities that lack the war-flavor attached to certain other industries.

The importance to business prosperity of the upward surge in construction is readily appreciated when the magnitude of the industry is considered. Construction is our second largest industry, surpassed only by agriculture in the valuation of its products. It employs about five million people and provides 20 per cent of the freight carried by the railroads.

BUILDING CYCLES

The building industry runs in well-defined cycles, with years between the respective peaks and valleys. A study of the trend over the last hundred years shows an average spread of eighteen years between successive peak periods of building activity.

The greatest building boom ever experienced in this country reached its peak in 1925. Some sort of boom may climax the present movement. If this cycle runs true to form, three to four times as many houses may be built in the years 1943-45 as were built in 1937. Conservative opinion, however, holds that the apex, which would normally come three to five years hence, is likely to fall somewhat short of the last boom. Commercial building, in particular, probably will continue to lag because of over-expansion in office structures in the 1920's.

THE GOVERNMENT AIDS

Eager to encourage new construction, the Government, through a succession of legislation, has made it comparatively easy to finance building operations. Likewise the Government has shown unusual interest in building costs, believing that they have been artificially maintained at high levels. Vigorous anti-trust actions against highly organized labor unions, contractors, suppliers, etc., are the present components of the Federal attempt to cut building costs. The pressure of anti-monopoly investigations should mitigate against sharp advances in either wages or materials in the near future.

The major Federal effort to bring



Kessel, Black Star

recovery to the building industry has been made through the National Housing Act. Like the low-cost plan followed with conspicuous success in Great Britain, it is based on private rather than public enterprise. The parallel is even closer: both programs provide for mortgage loans on small homes up to 90 per cent of the property value, with amortization ranging up to twenty-five years.

Also an important activity is Government insurance loans up to \$2,500 for home modernization. One third of all dwellings constructed since 1938 have been insured under this law. Slum clearance loans and sub-

sides are other phases of the Federal housing program. Although it is likely that the mortgage loan plan will continue indefinitely as an active influence on building, the current slum clearance program will be completed next year.

RESIDENTIAL BUILDING

Residential building is the most important of the major construction fields. The average number of dwellings built per year for the eighteen-year cycle from 1920 to 1937 was approximately 430,000. The 473,000 units provided last year made but little dent in the cumulative demand for homes which

MEDICAL ECONOMICS

CLINICAL CHART of the LEADING BUILDING COMPANIES

	1939	1938	Net earnings*	Earnings per share		Dividends		Capitalization		
				1939	1938	1939	1938	1939	1938	Common
American Radiator	\$106,195	\$87,777	\$3,712	\$0.34	\$0.30	\$0.15	\$7,500,000	43,864	10,043,701	
Crane	58,182	74,307	4,612	380	1.55	0.60	none	192,803	2,348,628	
Flintkote	17,164	15,147	1,432	811	2.11	1.00	0.60	none	677,546	
Holland Furnace	12,306	11,312	1,453	1,233	3.11	2.53	2.00	none	450,442	
Johns-Manville	53,847	46,890	4,164	1,455	4.28	1.09	2.75	0.50	none	67,500
Lone Star Cement	21,085	20,458	3,561	2,901	3.49	2.51	3.25	3.00	none	965,823
Masonite†	7,233	6,028	1,163	1,144	1.99	1.95	1.00	1.50	none	18,419
Minneapolis-Honeywell	14,904	11,263	2,158	1,003	3.27	1.42	2.00	2.00	none	30,700
Muneller Brass	7,996	5,251	690	265	2.60	1.00	0.35	none	265,517	
National Lead	80,906	65,229	5,780	4,283	1.23	0.75	0.87	0.50	none	291,255
Otis Elevator	f.n.a.	29,629	2,751	1,912	1.18	0.76	0.90	0.60	none	3,095,100
Pittsburgh Plate Glass	f.n.a.	64,355	10,766	6,488	4.95	3.01	4.00	1.75	none	65,000
Rutherford	15,993	13,688	608	515	1.53	1.30	1.10	0.60	none	2,000,000
Sherwin-Williams†	f.n.a.	4,163	2,228	5.96	2.42	2.50	3.00	none	127,239	3,158,927
United States Gypsum	f.n.a.	35,143	7,258	4,725	5.71	3.50	4.00	2.00	none	78,222
Yale & Towne	17,040	13,936	1,024	68	2.10	0.14	0.75	0.60	none	1,194,156
										486,656

*000 omitted †fiscal year ends August 31 d—deficit

f.n.a.—figures not available

has resulted from many years of sub-normal building since 1930.

The United States Bureau of Labor Statistics reports the approximate number of dwellings built in several recent one-year periods as follows:

1920.....	337,000
1925.....	919,000
1927.....	771,000
1929.....	517,000
1932.....	97,000
1934.....	62,000
1935.....	149,000
1936.....	300,000
1938.....	360,000
1939.....	473,000

Residential construction is at the best level in eleven years. Of favorable significance for the coming months are recent mortgage insurance records of the Federal Housing Authority. Early this Summer the number of mortgages selected for appraisal were showing a gain of 20 per cent over last year, and their total value was 18 per cent higher. F.H.A. records in June gave no indication of a falling-off due to the critical war situation then prevailing abroad.

INDUSTRIAL BUILDING

The outstanding construction development in 1940 has been the recent sharp upswing in industrial building to the highest levels noted in three years. This reflects the initial efforts of industry to get its plants in shape to handle the huge national defense production program—a program which may ultimately involve half a billion dollars in new plant facilities.

On the other hand, public building is steadily declining as the Federal pump-priming programs of other years approach completion. The Government has turned its

spending activities to defense channels. Engineering awards for public construction (highways, dams, schools, hospitals, etc.) in the first twenty-five weeks of 1940 were 23 per cent under last year.

BUILDING MATERIALS

As actual construction activities are carried on for the most part by thousands of small private contracting firms, investor interest in the industry centers around construction supply companies. Of the material used in an average house, 55 per cent is lumber (most lumber concerns are privately owned); 19 per cent, masons' materials; 20 per cent, plumbing and heating; 3 per cent, hardware; and 2.5 per cent, painters' materials.

Sales of the leading building material and equipment companies are from 15 to 25 per cent ahead of 1939. Profits, too, are ranging well above last year, when numerous gains of 50 per cent or more were shown over 1938. Pronounced improvement, profitwise, was noted in the first three months of 1940 despite the retarding effect of unusually severe weather conditions, and the gain has steadily accelerated in later months.

ASBESTOS—ASPHALT—GYPSUM

With greater stress today than ever before on house insulation, and with new industrial markets opening up due to the speeds and high temperatures used in modern manufacturing, the asbestos-products industry faces a future of steady growth and increasing earnings.

Johns-Manville Corporation is the leading factor in this field, and makes a variety of other basic building materials as well. Since indus-

trial markets account for nearly 50 per cent of all sales, J-M profits are influenced by general business conditions as well as by the building outlook *per se*.

The Masonite Corporation is an important producer of insulating board and the largest manufacturer of hard board. Like Johns-Manville, Masonite conducts aggressive research for new products.

Asphalt companies have many competitors in the roofing industry, as well as in road surfacing. Because of an often uncertain price structure, their profit margins are narrower than for asbestos products. The Flintkote Company and the Roberoid Company are among those making both asphalt and asbestos roofing materials, wall shingles, and allied products. Their products are heavily used for repair and renovation; to a lesser extent in new building. Roberoid has paid dividends each year since its formation in 1892.

Sales of gypsum, a basic material used in masons' supplies, are dependent upon the volume of residential construction. The United States Gypsum Company supplies nearly half the domestic needs for gypsum plaster. It has an earnings record superior to most building supply companies and follows a liberal dividend policy. Earnings of several gypsum concerns—National Gypsum Company (second largest) among them—are at new peaks this year.

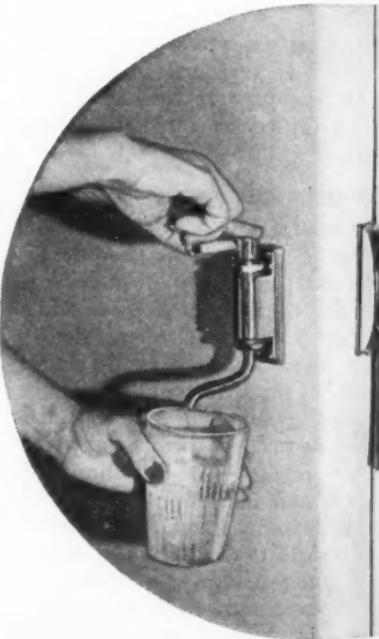
The paint companies benefit only moderately from new building, since over 75 per cent of the paint produced is used on existing structures. Modern construction places increasing emphasis on materials not requiring paint protection. With

a thirty-four-year record of uninterrupted dividends, National Lead Company ranks first in production of lead-based paint; while the Sherwin-Williams Company is the world's largest paint and varnish maker. A strong financial position is characteristic of both companies.

HEATING AND PLUMBING

Companies which supply heating and plumbing equipment are among the best situated to participate in an active home-building market. Piping and valve firms on the other hand, derive more benefit from higher industrial consumption.

American Radiator & Standard Sanitary Company, largest of the heating and plumbing group, is offsetting a decline in foreign earnings this year through operating economies and debt reduction. The



Crane Company is also a factor in building, although the major portion of its products are used in such heavy industries as oil supply and railroad equipment.

Mueller Brass Company supplies copper for plumbing and has other lines that may benefit materially from the defense program. Minneapolis-Honeywell Regulator Company and Holland Furnace Company are prominent producers of heating units whose sales are expanding at the expense of the old-style furnace.

Sales of air-conditioning products are increasing each year, but unsatisfactory prices so far have prevented most companies from attaining stable earning power.

CEMENT—GLASS—HARDWARE

Prospects of the cement companies

are clouded by the declining trend in public construction. Residential building, even in peak years, takes only 9 per cent of their output. A favorable factor—for the time being, at least—is the cessation of low-priced Belgian cement imports.

Lone Star Cement Company, with its better-than-average earning power, is the only member of this group which has plants in South America.

Building takes 75 per cent of the output of window glass and 15 per cent of plate glass production. The use of glass in modern construction is rapidly increasing, with Pittsburgh Plate Glass Company an early entrant and leader in the manufacture of glass blocks.

In the hardware field, Yale & Towne Manufacturing Company has investment appeal through its steady dividend record over the past for-

A drinking fountain for your office

★ A refrigerator in your office is a great convenience for storing laboratory supplies. With the aid of a device now on the market, it can also furnish a constant supply of cool water to a drinking fountain in the reception room or hall.

Dr. John C. Kraushaar, of Garden Grove, Calif., converted his refrigerator in this manner, and at moderate expense.

From the nearest water connection he ran a small pipe through the rear wall of his refrigerator, connecting it inside to a compact metal unit known as a KoolerKoil. Through another

hole (the same one might have served), an additional length of pipe was led out from the coil to the fountain set up in the hall of the office.

KoolerKoil units, in two sizes, are \$22.50 and \$19.95. Both are flat, occupy what is normally waste space, and are easily installed.

In the accompanying picture, a faucet replaces the cold-water pipe line to the fountain. It may just as well be used in conjunction with the pipe line—eliminating for your own convenience bulky water bottles and the costly necessity of opening the refrigerator door many times daily.

MEDICAL ECONOMICS

ty years. One fourth of its sales come under industrial classifications.

Otis Elevator—in which, by the way, the General Electric Company is gradually acquiring a substantial stock interest—gains in earning power as building activity gathers momentum.

EFFECT OF WAR

Should war or the serious threat thereof come to this country, building authorities anticipate a substantial decline in high-cost housing. But they expect a continued demand for low-cost housing for industrial workers who can purchase homes on small down payments at the lowest interest rates ever offered. A long war, with America directly involved, might bring an inflation of material and wage costs that would terminate the demand for all types of housing.

Construction supply companies with a diversified line of products, some of which are sold to other industries, usually have the steadiest earning power and thus the greatest general investment appeal among the construction stocks.—RAYMOND HOADLEY

Why buy a practice?

(Continued from page 38)

and including a clause prohibiting the seller from returning to practice in the same area within a reasonable length of time. Courts have

interpreted a "reasonable" area roughly as within a 50-mile radius; a "reasonable" time as two or three years.

WORK WITH THE SELLER

Try to arrange with the seller to practice with him for six months or a year before he moves out. By doing so, your chances of holding some of his patients will be immeasurably increased.

Evidence of this is found in the case of a Chicago pediatrician who fell ill and who engaged an assistant to help him until his health improved. The young man was offered \$100 a month, a graduated percentage of the fees he collected, and an option to buy the practice if the older man found he couldn't continue.

At the end of a year, the pediatrician found it necessary to sell out. An appraiser evaluated his equipment—which had a book value of \$7,000—at \$3,000. This amount the assistant arranged to pay on the basis of \$500 down and the rest in installments.

Result? The purchaser not only got a bargain in equipment, but he has also been able to maintain the practice at a comparatively high level—chiefly because of a likeable personality, professional skill, and his association with the seller.

HIRE HIS SECRETARY

Try to secure the services of the seller's secretary, especially if she's

• WRITE FOR SAMPLE AND FORMULA

BOILS

STANNOXYL

Treats
Both
Orally

STYES

ANGLO-FRENCH DRUG CO. (U.S.A.) Inc., 75 Varick St., New York, N. Y.

Recommend Strained Foods That Bear A Quality Name Mothers Trust!

Three Generations Of American Women Have Relied On Heinz For Purity And Flavor; Heinz Strained Foods Are Made According To The Same Exacting Standards!

You can be absolutely confident that Heinz Strained Foods fulfill all the requirements you—and mothers—demand in baby food! For all 14 kinds are not only stamped with the Seal of Acceptance of the American Medical Association's Council on Foods; they also bear the famous keystone label that has spelled outstanding *quality* to American home-makers for over 70 years now!

Consider, too, these important factors:

1. VITAMINS AND MINERALS are preserved in high degree by scientifically cooking finest fruits and vegetables—vacuum-packing them in special enamel-lined tins. *Quality is controlled from seed to container.*

2. THE MOST MODERN cooking and packing methods have been developed by Heinz specialists in Mellon Institute of Industrial Research.

3. FURTHER ASSURANCE of uniform excellence is furnished by constant research work of scientists in Heinz Quality Control Department.

4. ALL HEINZ STRAINED FOODS on dealers' shelves are checked regularly by Heinz salesmen and replaced by fresh



**HEINZ STRAINED
VEGETABLE SOUP**

• A delicious blend of carrots, celery, potatoes, tomatoes, onions, cereals and yeast extract. Barley and rice give energy value. The yeast gives a meaty flavor and adds to the content of Vitamins B and G.

57 THESE TWO SEALS
MEAN PROTECTION
FOR BABY



stocks after a limited time. *Quality is controlled from Heinz kitchen to consumer.*

We believe Heinz Strained Foods are the *quality foods* your youngest patients deserve!

HEINZ Strained Foods

14 KINDS—1. Vegetable Soup with Cereals and Yeast Concentrate. 2. Beef and Liver Soup. 3. Tomato Soup. 4. Asparagus. 5. Spinach. 6. Peas. 7. Green Beans. 8. Beets. 9. Carrots. 10. Mixed Greens. 11. Mixed Cereal. 12. Prunes with Lemon Juice. 13. Pears and Pineapple. 14. Apricots and Apple Sauce.

been with him for a number of years. This turned out to be the most important "piece of equipment" that one young doctor obtained when he bought the practice of a retiring Midwestern ophthalmologist. The secretary in question helped save three-fourths of the latter's clientele for her new boss by virtue of her friendly relations with patients.

—WILLIAM H. HAINES, M.D.

Built-in "crow's-nest" for secretaries

Glass partition permits unobtrusive view of reception room

• It is generally conceded that the physician's secretary, from where she sits, should command a view of the entire reception room. Yet it is usually inadvisable for her to have her desk in the reception room.

There are three reasons for this.

First is the incongruous appearance of filing and office equipment in what is supposed to resemble a quiet, home-like living room. Second is the obvious drawback of

clattering typewriter keys or other equipment which may distract waiting patients. And third, the idea of the secretary or nurse gazing out directly over waiting patients suggests a monitor presiding over a group of school children, and is consequently distasteful.

Unfortunately, if the secretary occupies a separate room—as she should—it is seldom possible for her to sit facing the doorway to the reception room so that she can see all, or even a few, of the waiting patients.

In the office of Dr. H. Sherman Manuel in Columbus, Ohio, this office-arrangement problem has been overcome by providing a wide glass section between the secretary's office and the reception room.

Such a section may be put up in the form of regular partitioning, the upper portion of which is glassed. An alternate solution rests in the use of a large plate glass window. Or, in a Colonial office, the effect could be produced by means of three windows set as close to each other as possible—ornamented, perhaps, by means of glass shelves supporting small pieces of artistic bric-a-brac and old glass.

EXAMINE FEET

WEAK ARCHES OFTEN THE CAUSE OF RHEUMATOID PAIN IN FEET AND LEGS

Many cases of rheumatoid foot and leg pains and tired, aching feet, are traceable to muscular and ligamentous strain caused by weak or fallen arches. Dr. Scholl's Arch Supports and exercise help relieve and correct these conditions. Designed with special orthopedic features adapted to all types of feet. Thin, light, RESILIENT. Adjustable as condition of feet improves. Expertly fitted at Shoe and Dept. Stores and at Dr. Scholl's Foot Comfort Shops in principal cities. \$1 to \$10 a pair. For Professional literature, write The Scholl Mfg. Co., Inc., 211 W. Schiller St., Chicago, Ill.

D^r Scholl's ARCH SUPPORTS

AUGUST 1940

NAKAMO BELL

A six-grain tablet of sodium chloride, ammonium chloride and potassium chloride for the symptomatic relief in many cases of

HAY FEVER — ASTHMA — COLDS

"Trial is Proof"

The promptness of Nakamo in giving symptomatic relief is often striking. If prescribed at the beginning of the onset of these conditions the symptoms frequently disappear within the first half hour. If they have gained more headway before treatment is instituted, there is usually more delay in their relief, yet the benefit is surprisingly prompt.

Hay Fever—Whether the exciting factor be plant pollen, dust, feathers, animal hair, etc., NAKAMO tends to neutralize the effect with noticeable relief usually within 5 to 10 minutes after the first dose. On days when the atmosphere is heavily charged with the irritating pollens or dust, frequent repetition of the dose may be necessary. In unusually stubborn cases it is recommended to give two tablets at

night and two on arising. Be sure to prescribe enough tablets when the attack is on.

Asthma—With the first symptoms of a beginning attack, give two or three tablets, repeating every half hour or hour until relieved. When there is a tendency to night attacks two or three tablets on retiring may avert them.

Common Colds—With the first sneeze, increase of nasal secretions, sensation of "rawness", or head congestion, two or three tablets given with a little water will often bring almost immediate relief. Repeat every hour if necessary.

Nakamo Bell is put up only in fifty tablet bottles for prescription use at fifty cents. Your druggist has it or will quickly obtain these tablets from his wholesaler.

SEND FOR SAMPLE

Hollings-Smith Co.

MANUFACTURING CHEMISTS
Orangeburg, N. Y.

ME-8

Sample Nakamo Bell, please.

Dr.

Address



for less drastic relief in HYPERTENSION

In certain types of hypertension, intestinal putrefaction is present in many cases. While prompt relief is desired, corrective measures of unusual gentleness are advisable.

Phospho-Soda (Fleet) is a special saline laxative which combines Sodium Biphosphate and alkaline Sodium Phosphate in stable solution. Its desirable amphoteric buffer effect is accompanied by extremely prompt and thorough, but very mild, laxative action, without tenesmus, intestinal discomfort or weakening after-effect.

Phospho-Soda (Fleet) has been recommended and prescribed by the profession for fifty years.

■ We will welcome your inquiry for samples.

PHOSPHO-SODA FLEET



C. B. FLEET COMPANY, INC., Lynchburg, Virginia

Public speaking for physicians

5. WORDS WITHOUT NOTES

“He sure must know his stuff” is the spontaneous tribute accorded every speaker who talks extemporaneously. To speak without reference to a single note—yet smoothly, with no disorder, no repetition, no confusion—that is the goal of every public speaker.

Certainly, the extemporaneous lecturer impresses his audience with his command of a subject. What's more, his delivery is much enhanced, since he does not break his gaze by downcast reference to notes. But of greatest importance, perhaps, is the ability of the extemporaneous speaker to use the medium of public address in a bid for professional leadership. A physician who wishes to persuade his colleagues to follow him will make no headway handcuffed to a stack of notes whenever he rises to speak.

The first secret of extemporaneous speaking is in organizing the chosen topic.

Any subject may be broken down under several main headings. Suppose you have elected to speak on “Incipient Tuberculosis.” You must have had some office experience with this malady. What, then, are the few main headings? They may be set down as follows: (1) the cause of the disease, (2) its nature, (3) its symptoms, (4) how it is diagnosed, (5) how its spread can

be prevented, and (6) what advice can be given on treatment. That covers everything you want to say.

Thus, the recollection of those six headings becomes the only tax on your memory while speaking extemporaneously. Think of them as etiology-pathology-symptoms-diagnosis-prevention-treatment. Of course, for a non-scientific audience “pathology” is translated into the lay concept of the “nature” of the disorder.

Familiar with the subject, you will have no difficulty in talking for five to ten minutes on each heading. What, for instance, would you say to a patient who asked you what caused his tuberculosis? Say the same sort of thing to the lay audience. What advice would you give as to ventilation, diet, exercise, and the like? Present the same prescriptions to your listeners. As you round out each heading, you advance to the next.

So far so good. But that still leaves room for bad delivery, omissions of important facts, jumbled organization of secondary facts, etc. How does a successful speaker turn out such a polished performance?

In spite of the designation, extemporaneous talks are *prepared*. As a rule, the very best lecturer writes the usual outline and then

drafts a script.* He reads the draft once a day for the week prior to his talk. As he reads, he keys the paragraphs into the outline.

Later, on the rostrum, the speaker is able to visualize the mental picture of the main headings. As he talks, fragments of the actual phraseology of the draft float into his memory. It is not important that he recite verbatim large chunks of his script. On the contrary, the natural phrasing that develops in free talking allows a desirable variation in pitch and tempo. This gives the speech a fluid conversational air as against the impression of a stilted, memorized oration.

To be sure, you will forget a few facts—the less important ones. But there never was a speech that was too short; since you can't possibly tell your audience everything, you must expect to omit some details in any lecture. The forgotten details, if at all important, will automatically come out in the later discussion anyway, and you will be grateful at having this reserve supply of information.

With any medical disease or disorder, you can follow this etiolo-

*See "Public Speaking for Physicians," Jan. (1940) MEDICAL ECONOMICS, for advice on preparing outlines.

gy-pathology-symptoms-diagnosis-prevention-treatment pattern for primary headings. A different formula must be used for other themes.

Suppose you're boosting periodic health examinations. Here a convenient break-down might be:

(1) Rise in life expectancy during the century.

(2) Reasons for it.

(3) What a periodic health examination consists of.

(4) Mechanics for arranging for such examination.

(5) How to interpret—i.e., what to do—about the results.

You can learn these five headings in a few minutes. If you are familiar with the subject, you'll have no trouble talking about each of the various points. Take heading (3) above, for example. What does the examination consist of? Well, how would you do a careful examination in your own office? Then tell the audience.

Try this kind of break-down on any medical topic. Suppose it's "First Aid." Headings might be decided upon after visualizing the contents of a first aid kit (bandages, iodine, aromatics, tourniquet, etc.). The nature and uses of each of these items might profitably be discussed. Or the division might

GLYCO
THYMOLINE
TRADE MARK

Send for Samples

AS A
VAGINAL DOUCHE

Helping to cleanse, soothe and heal irritated and inflamed mucous membrane in vaginal catarrh, temporarily reduce disagreeable odor in leucorrhoeal discharges and aid in controlling annoying pruritus.

KRESS & OWEN COMPANY
361-363 Pearl Street, New York

Effective Hormone Therapy for PATIENTS on VACATION..

To the mountains or the seashore—wherever your patients are going this summer, your endocrine therapy can go along! Schering hormones* enable your patients to continue treatment, under your control, even while out of town.

Convenient, effective therapy under your explicit orders can be maintained with Oretion-F Ointment in Toplicators, with Progynon-DH Tablets, Solution and Ointment,—and Pranone.



PROGYNON-DH for maintenance estrogenic therapy: in solution, tablets, and ointment.



PRANONE for orally effective progesterone action in preventing habitual abortion.



PRANONE tablets for control of premenstrual tension and dysmenorrhea.



ORETION-F in tubes or single-dose Toplicators for maintenance therapy of male sex hormone deficiency and prostatism.

*Schering hormones withstand any extreme of climate: there won't be a day so sweltering hot as to "spoil" a single molecule. Schering hormones are *always* potent. They're *injected*.



SCHERING CORPORATION
BLOOMFIELD

NEW JERSEY

MEDICAL ECONOMICS

be according to the type of trauma (burns, lacerations, fractures, etc.). No matter which type of breakdown you choose, you have only a half-dozen headings to remember. Your own experience will fill in the details.

As the exceptions which prove the rule, two kinds of data must always be *read* to the audience. These are quotations and figures. If you want to tell your listeners what President Roosevelt said about infantile paralysis, or how the surgeon general characterized syphilis, simply lift a sheet of paper and read the quotation. To indicate how death rates have fallen in the last decade, or to enumerate the number of cases of small-pox, just turn to a typewritten page and read off the figures.

In this area of public address, reading is actually more impressive than extemporaneous delivery. For all other aspects of speaking, the fewer the notes, the better the chances of success.

—J. W. HENDERSON, M.D.

[*Other articles on public speaking are scheduled to appear in future issues.—THE EDITORS*]

DUSTING POWDER: As a physician's wife, I believe I can put my finger on one small but important service which no doctor should fail to provide for his women patients. I am referring to the provision, in the office dressing room, of a box of dusting powder or talcum and a container filled with individual cotton puffs. Any woman who, after being examined on a warm day, has tried to pull on a girdle over a moist body will most certainly appreciate this thoughtfulness on the part of her physician.—D.W.F., Washington, D.C.



EMERGENCY ICE BAG: Calling on a patient, you find that application of an ice bag is indicated. You haven't one with you, and there's no chance of getting one without a lot of time and trouble.

What to do?

That question is quickly answered if there's an ordinary bathing cap around the household. Easily filled with ice cubes, and securely fastened with a heavy rubber band, it makes an acceptable temporary substitute bag, molding itself satisfactorily to body contours. If you can't find a rubber band, bind the cap edges around a cork with a piece of string.—SAUL H. KAPLAN, M.D., Miami Beach, Fla.

For Prompt and Pleasant Relief From Nasal Congestion!

E F E D R O N
HART NASAL JELLY
The Original Water Soluble Ephedrine Nasal Jelly
Particularly Convenient For Ambulant Patients

Samples Gladly Sent On Request -- Hart Drug Corporation, Miami, Fla.

I S O - E F E M I S T
Hart's New Isotonic Aqueous 1% Ephedrine Solution Without Aromatics.

WE GUARANTEE TO MAKE MORE MONEY FOR YOU WITH AN ETHICAL AND PROVED WAY THAT CANNOT FAIL

FREE: 36 PAGE BOOK on Periodic Examinations; samples of Reminder Cards and other items and complete details of **GUARANTEED** money-making offer.

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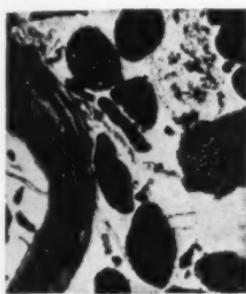
New York, N.Y.

AUGUST 1940

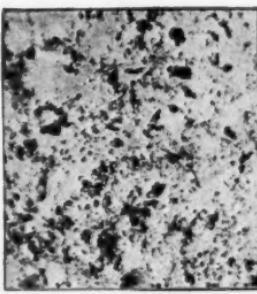
Specially Homogenized.

Libby's Baby Foods are extra easy to digest

AUTHORITY: THE A.M.A.'S COUNCIL ON FOODS



This photomicrograph shows commercially strained vegetables magnified 200 times. Note the large bundles of coarse fibers, the many large cells, the closely packed starch granules. Contrast the photomicrograph at the right, showing Libby's specially homogenized Vegetables. No coarse fiber or large cells; small starch particles uniformly distributed.



It seemed probable that special homogenization might affect the availability of nutritional elements. New clinical evidence on this point, particularly with reference to iron, was presented in an article in the July issue of the *Journal-Lancet*. For a reprint of that article, use the coupon below.

Copr. 1940, Libby, McNeill & Libby

As demonstrated in this photomicrograph, special homogenization breaks up cells, fibers and starch particles, and releases nutrient for easier digestion. Libby's Baby Foods—vegetables, fruits, soups, cereal—are first strained, then specially homogenized. This exclusive double process makes them extra smooth, extra fine in texture.

**New!...Libby's
Chopped Foods
for older babies.**

RESEARCH FINDINGS FOR YOU. Mail Coupon

LIBBY, MCNEILL & LIBBY, DEPT. ME-80, CHICAGO. Please send me a reprint of "Experimental Studies of Some Comparative Values of Homogenized and Strained Vegetables" originally published in the *Journal-Lancet*, July, 1940.

Name.....

Address.....



IVYOL RELIEVES *pruritus* *erythema*

Poison Ivy Extract



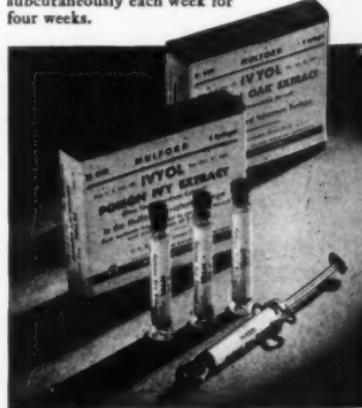
Not only does the administration of 'Ivyol' bring relief to the distressing pruritus of ivy or oak poisoning, but it effects prompt subsidence of the dermatitis. It thus tends to minimize the possibility of secondary infection which frequently occurs, especially in children.

Because of its olive-oil base and relative freedom from the presence of undesirable chlorophyll, tannin, gums and resins, 'Ivyol' makes possible a relatively painless injection.

'Ivyol' is supplied in two forms—'Ivyol' (Poison Ivy Extract) and 'Ivyol' (Poison Oak Extract). They are solutions of the active principles derived from poison ivy and poison oak respectively, in sterile olive-oil with 2% camphor as a preservative.

TREATMENT: In cases of average susceptibility, the contents of one syringe of 'Ivyol' is administered every 24 hours, to be repeated until the symptoms are relieved. Four doses are usually necessary.

PROPHYLAXIS: The contents of one syringe of 'Ivyol' is administered intramuscularly or deep subcutaneously each week for four weeks.



- 'Ivyol' is available in packages of one and four miniature syringes. Each syringe represents a single dose.

MULFORD BIOLOGICAL LABORATORIES

Sharp & Dohme

Collected-by TELEGRAPH

Ever thought of letting Western Union help collect long-overdue accounts of payment-dodgers?

The doorbell of a house in a Southern city shrills imperiously.

"Telegram for Mr. Brown," sings out the brown-uniformed Western Union messenger boy on the door-step, pulling a pencil from his hat.

Mr. Brown, a look of acute concern on his face, tears open the yellow envelope with one motion. This is what he reads:

"YOUR ACCOUNT AMOUNTING TO \$31.45 IS NEARLY FIVE MONTHS OVERDUE. YOUR FAILURE TO LET ME HEAR FROM YOU NECESSITATES THIS TELEGRAM. KINDLY REMIT OR LET ME KNOW WHEN I MAY EXPECT PAYMENT. YOUR REPLY MAY BE SENT BY THE BOY DELIVERING THIS MESSAGE.—JOHNSMITH, M.D."

Does Mr. Brown promptly dig down into his jeans for the amount owed? Probably not, but nine times out of ten, he's at least jolted into a definite promise to pay. And there's more than a fifty-fifty chance that he'll liquidate the obligation within four or five days.

At least, that's been the experience of one physician practicing below the Mason-Dixon line, who originated this unique method of collecting delinquent fees. Basic procedure is to send telegrams only to patients with large accounts that are several months in arrears—patients who haven't responded

in any way to previous bills and letters. To keep down cost, only those delinquents living within the city limits are contacted in this way. Naturally, such local messages do not go over the wires; but they are typed on regular telegram blanks and delivered in the usual way.

Contents of each message include exact amount due, a reference to previous unanswered communications, and a request for immediate payment or some sort of guarantee that the obligation will be met in the near future. Since telegrams are normally condensed and to the point in the way they're worded, a certain terseness in the message is permissible.

Results obtained by the originator of this idea have been remarkable. He reports that between 50 and 60 per cent of the total amount represented by long-overdue, local accounts is paid within four or five days. Sometimes collections run as high as 75 per cent.

Best of all, the cost has proved comparatively negligible—between two and one-half and four cents per dollar collected. Ten dollars worth of terse, telegraphed reminders, for example, have brought in from three to four hundred dollars.

—HAROLD F. PODHASKI

Location tips

A free service to M.D.'s seeking places in which to practice

★ An up-to-date list of towns in which physicians have just died is compiled each month by MEDICAL ECONOMICS. A copy of the current list is now available on request.

Shown with the list is the population of each town, the number of physicians there, the specialty (if any) of the deceased, and the hospital facilities available.

The death of a physician (only active, private practitioners are considered) does not, of course, guarantee a vacancy for another doctor. But openings are created in a sufficient number of towns so that they amply merit investigation.

Only those communities are in-

cluded in the list which have less than 50,000 inhabitants and in which the ratio of doctors to population is reasonably favorable.

Names of some of these towns are submitted by cooperative doctors and laymen. In most cases, however, they are obtained from MEDICAL ECONOMICS' post-office returns. They thus constitute the most complete list available anywhere, due to the magazine's comprehensive circulation.

NOTE: Readers are cordially invited to submit names of towns in which vacancies have occurred. Address them to MEDICAL ECONOMICS, Rutherford, New Jersey.

Prevent Infection

Outdoor activities at this season cause many minor injuries for which physicians require an antiseptic.

MERCUROCHROME, H. W. & D., satisfies your antiseptic requirements. Tablets or powder provide convenient means of preparing stock solutions. Solutions do not deteriorate, providing for economy in use.

Mercurochrome, 2% aqueous solution, is antiseptic, non-irritating and non-toxic in wounds. It has a background of nineteen years of clinical use.

A comprehensive medical booklet supplying complete information about Mercurochrome will be sent to physicians on request.

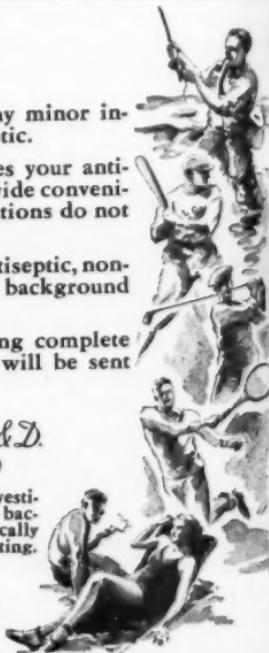


Mercurochrome, H. W. & D.
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Every "H. W. & D." product is investigated and proved chemically, bacteriologically and pharmacologically in our laboratories before marketing.

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Baltimore, Maryland





"My dear Mr. Bear—I realize our climate must be difficult for you. But your method of seeking relief circumscribes your activities to a degree that is unhealthful..."



"Of course I'm not disparaging the value of ice—but it should be considered a refrigerant, not a sofa. Let me suggest frequent sprinkles of Johnson's Baby Powder..."



"In my experience, that downy soft powder produces a soothing effect, to which cases of prickly heat, chafing, and hot-weather discomfort respond very favorably!"

THE FINE QUALITY talc in Johnson's Baby Powder makes it unusually soft and "slippery." That's why it's so comforting to tender infant skin.

Johnson's Baby Oil... for the daily oil bath of very young infants, and occasional use on older babies where indicated. Bland, colorless, stainless, and will not turn rancid.

Other Baby Toiletries... prepared according to Johnson & Johnson's high standards of purity, include Johnson's Baby Soap and Johnson's Baby Cream.

Johnson & Johnson



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of Johnson's Baby Oil*

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Dept. 853, New Brunswick, N. J.

Please send me, free of charge,
one dozen one-ounce bottles of
Johnson's Baby Oil.

Name _____

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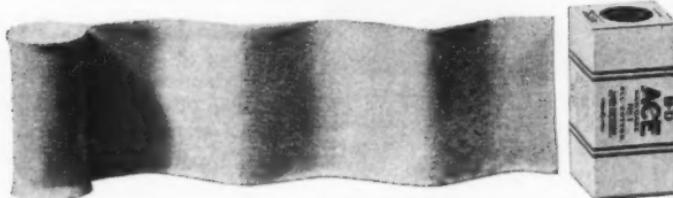
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MEDICAL ECONOMICS

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GYNECOLOGY

and Obstetrics



The ACE Bandage, elastic without rubber, and washable. Recognized by the medical profession as the most effective, durable and economical bandage available for pressure, support and passive massage.

PREGNATAL USES OF THE ACE BANDAGE. To prevent or treat varices and circulatory stasis in pregnancy, ACE Bandages No. 1 and No. 4 (the latter neutral color, with flat woven edges, and inconspicuous) in 3" or 4" width. For prolonged pressure and for varices of the upper leg where it is otherwise hard to keep a bandage in place, the new ACE Bandage No. 10, with adhesive, is very valuable. As an abdominal binder to prevent fatigue and promote the patient's comfort, ACE Bandage No. 1 in 8" or 10" width.

POSTNATAL USES OF THE ACE BANDAGE. To provide breast support, and also as an abdominal binder to prevent sagging of the enlarged and heavy uterus, ACE Bandage No. 1 in 8" or 10" widths. For drying lactating breasts, ACE Bandage No. 1 in 3" or — if the breasts are pendulous — the 4" width. Some practitioners prefer the 8" width for this purpose. ACE Bandage No. 4, 3" or 4" width, is also helpful in circulatory stasis during the menstrual periods.

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STANDARD OF THE MEDICAL PROFESSION SINCE 1897

THE NEWSVANE

Phone-Rate Ruling Upset

Whether a doctor with a home-office is entitled to residential telephone rates, as against the higher business charges, is again a moot question. The issue has been revived by the Appellate Term Court of Brooklyn, N.Y., which unanimously reversed a lower court's decision in favor of the lower home rate.*

The latest ruling declares that Dr. Henry C. Eichacker may not recover "overcharges" incurred when he was billed at the business scale. For Dr. Eichacker, it means loss of a previous judgment of \$532.50, plus counsel fees. For the profession as a whole, according to Attorney E. F. W. Wildermuth, it portends possible loss of millions of dollars already paid out by doctors in such excess charges.

The tribunal's newest ruling does not challenge the physician's right to the lower rate, Wildermuth told MEDICAL ECONOMICS. Nevertheless, he explained, it upholds the company's contention that "the home rate is available—if the doctor asks for it. But if he signs a contract at the higher rate, that's his look-out."

Wildermuth disagrees with the ruling, maintaining that it's the company's obligation to provide service at the lowest rates available. With the profession's support, he plans to carry the fight for recognition of this principle to Brooklyn's Appellate Division.

[In an interview just before press time, Attorney Wildermuth informed MEDICAL ECONOMICS that the New York State Medical Society has finally indicated that it will lend its active support to the further prosecu-

tion of the case. Until now, Dr. Eichacker and the Queens County Medical Society have been carrying the burden alone.]

Medical Population Rises

The medical population of continental United States has risen to 175,382, a check of the new American Medical Directory shows. This represents a net gain of 5,754 over the number of M.D.'s listed for the United States in the 1938 edition. Thirty-eight States, as well as the District of Columbia, shared in the increase. New York led by drawing 1,783 recent location-hunters, while some Southern and Midwestern States continue to report declining physician-populations. A sharp rise in the number of medical men concentrated in coastal regions is attributed by the editors to the influx of refugees from abroad.

A.M.A. Trial Nears

Washington is looking forward to the unique spectacle of four medical associations and twenty leaders of organized medicine standing trial for restraining trade. With all hope gone of a U.S. Supreme Court review of preliminary actions, preparations are under way for a hearing this Fall in Washington's District Court.

The defendants have been formally booked on charges of violating the Sherman Anti-Trust Act, and have made their first personal appearance before the bench. One by one, they stepped up and firmly pleaded "not guilty." They were released without bond.

Meanwhile, another comprehensive investigation has been started by the Department of Justice. The G-men

*See "Doctor Wins Phone Rate Suit," Jan. (1939) MEDICAL ECONOMICS.

MEDICAL ECONOMICS

are now scrutinizing the records of manufacturers of drugs and surgical equipment for evidence of alleged violations of anti-trust laws. Over 125 individual subpoenas have been issued to members of twelve professional associations in these fields.

School Charter Fought

The Gorgas Institute of Medical Science, new medical center* proposed for New York City, may not open after all. The New York State Medical Society and the A.M.A. are trying to block its attempts to secure a charter from the State board of regents. Headed by Dr. O. W. H. Mitchell, organized medicine's representatives have advised the board that the school is not needed, lacks professional support, and is without adequate financial backing. The project's promoters deny these charges; claim the center is needed because of discrimination by medical schools against Jewish students.

Heiser Heils Hitler

The health program of the Third Reich is held up to American doctors as a shining example by Dr. Victor G. Heiser. Arriving in Muskegon (Mich.) for a conclave with industrial leaders on physical fitness in national defense, Dr. Heiser declared:

*See July (1940) MEDICAL ECONOMICS.

"Medical men in Germany have done an excellent job in building strong manpower."

He added:

"I had occasion to be in Germany at the time Hitler came into power," he stated. "I found the finest medical minds replaced with quacks, theorists, faddists, and radicals. They were good Nazis; they got the jobs. Two years later, I again visited Germany. The crackpots had been kicked out. Reputable scientists were directing health."

"The program was simple, calling for periodic check-ups. Most important, it took in men and women in factories. Those physically unfit were taken off the job until their health could be restored; or if the disability was permanent, until less arduous work could be assigned."

Dr. Heiser made it clear that he does "not mean that America should emulate the dictator nations with regimentation." He expressed the belief that "we can with voluntary co-operation of labor, management, Government, and public accomplish the same degree of physical fitness" as obtain in Germany.

Conant Concedes Change

Harvard's President James Bryant Conant now officially admits that the class to enter the Harvard Dental School next month will be its last.

[Turn the page]

FOR THE PREVENTION OF VENEREAL DISEASE

Immediately
After Exposure

The use of a tested and proven prophylactic to kill syphilis and gonorrhea germs, immediately after exposure, is advocated by leading health and medical authorities.

Andron, the original chemical prophylactic tube, is highly germicidal, harmless to tissues and easy to use.

FREE—8-page educational booklet for distribution to your patients. As many copies as you wish on request—also specimen tube—without any charge... Dept. 21, Andron Co., Inc., 135 East 42 St., New York.

ANDRON
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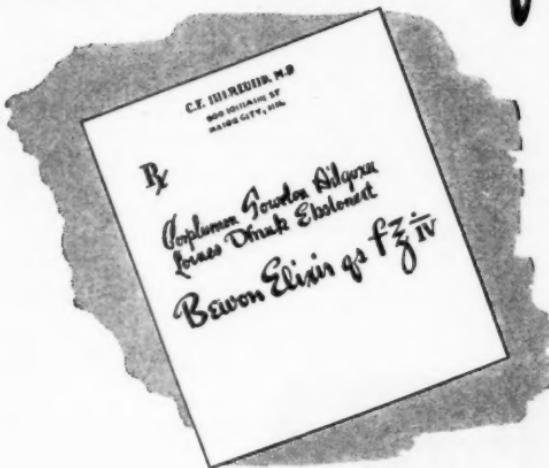


RECOMMENDED BY DOCTORS FOR OVER 28 YEARS

AUGUST 1940



Wyeth's BEWON Elixir q.s.



WYETH'S BEWON ELIXIR serves as an excellent solvent and vehicle for many medicaments. Compatible with most drugs, BEWON ELIXIR contains 19% alcohol and is slightly acid in reaction.

Standardized to contain 500 International Units of Vitamin B₁ (thiamin chloride) BEWON ELIXIR stimulates the appetite and is indicated in Vitamin B₁ deficiencies.



A Vehicle that Stimulates the Appetite

SUPPLIED IN PINT AND GALLON BOTTLES

JOHN WYETH & BROTHER, INCORPORATED, PHILADELPHIA, PA.

MEDICAL ECONOMICS

Stories predicting the Harvard merger of medical and dental curricula* had previously been denied.

Beginning in the Fall of 1941, Harvard's budding dentists will register in both the new School of Dental Medicine and the medical school. For three and a half years, they will share courses with medical students. Then they will study dentistry for a year and a half. On graduation, they will be granted an M.D. as well as a D.M.D.

The new program, in the words of Dr. Conant, will "add to the dentist's equipment a wider knowledge of medicine," and will eventually lead to "modifications in the teaching of medical students, bringing to them important knowledge of oral medicine and disease now lacking in their training."

*See Oct. (1939) MEDICAL ECONOMICS.

**BEACH DAYS AGAIN...
for your patients**

UNSIGHTLY GROWTHS may be permanently removed with splendid cosmetic and psychic effects by means of
THE BIRTCHER-BUILT

'HYFREATOR'

Your patients want and will appreciate this service, and you will have the satisfaction of having nipped potential malignancy in the bud.

AUTHORITIES AGREE upon the superiority of electrodesiccation. Send for FREE BOOKLET outlining many and varied conditions in which "HYFREATOR" may be used.

THE BIRTCHER CORPORATION
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LOS ANGELES CALIFORNIA

Hits Government Jackpot

Under state medicine, it's an ill political wind that blows nobody good.

So a young English physician has discovered.

Not so long ago, his London practice barely paid his office rent. Then shortly after the outbreak of war, a letter arrived from the Ministry of Health. It informed him that he had been chosen to head a government pediatrics department.

Puzzled but overjoyed by this unsought honor, the tyro took over his exalted station. Only after he had been on the job some time did he—and officials—discover that his appointment had been a mistake. The letter had been intended for a famous Harley Street specialist of the same name.

Laughlin Lashes GP's

The general practitioner is falling down on the job of combatting syphilis, Dr. Victor Laughlin has advised the American Institute of Homeopathy. The Cleveland syphilitologist, declaring that from two thirds to four fifths of all venereal cases are in the hands of family doctors, made the following charge:

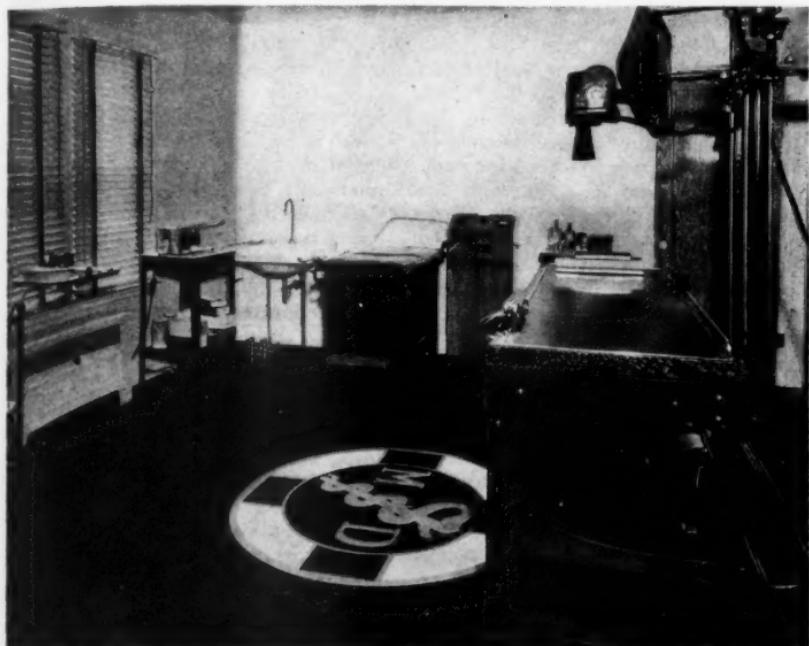
"We hear strange tales from patients who travel. These individuals see a variety of doctors. Their experiences are blood-curdling. Many carry their own needles, syringes, and drugs, as a precaution. Some actually show the doctor how to sterilize the syringe and needle, and prepare the treatment. Syphilis will never be controlled under such circumstances."

Etiology of Accidents

To ferret out the cause and cure of automobile accidents, New York University's Professor Herbert J. Stack is currently testing twenty-five veteran drivers with excellent records and twenty-five "accident repeaters" un-

AUGUST 1940

Nairn Linoleum Floor in operating room of Dr. Henry E. Donais, East Hampton, Mass. Note attractive Personal-ized* Inset.



FLOORS AS MODERN AS YOUR EQUIPMENT

Nairn Linoleum satisfies every requirement of the medical profession for up-to-the-minute, resilient floors. Beautiful, distinctive and permanent. Footeasy, quietizing. Economical, both to install and maintain. And as thoroughly modern as your equipment itself.

Floors of Nairn Linoleum also offer a bactericidal quality, unobtainable in any other type of floor. When combined with Nairn Linoleum for walls, Nairn Floors provide a completely sanitary installation for medical offices. Installed by Authorized Contractors, Nairn Linoleum is fully guaranteed.

*Reg. U. S. Pat. Off.

CONGOLEUM-NAIRN INC., KEARNY, N. J.

NAIRN
LINOLEUM
Floors and Walls

MEDICAL ECONOMICS

der identical conditions. Examinees will receive medical examinations; they will undergo observation during road tests; and they will be quizzed to determine relative IQ's. Results, Stack believes, may reveal the "basic personal causes" of crashes.

Meanwhile, the Medical Society of New Jersey is campaigning for compulsory physical examinations for aged drivers. Under the society's proposal, motorists would be required to undergo a check-up by a physician at the ages of 65, 70, and 75, and once a year thereafter.

Misspent Millions

Spending millions of dollars in efforts to educate the public has proved ineffective in the battle against tuberculosis, charges Dr. Frank W. Burge, editor of Diseases of the Chest, official organ of the American College of Chest Physicians. In a recent editorial, he declared:

"Many millions of charity dollars have been collected and spent in attempting to educate the public concerning the facts of tuberculosis during the last thirty-five years. According to a recent Gallup survey, only 19 per cent of the public knows that tuberculosis is caused by a germ. Judging by this survey, it would take 150 years to educate the public to the fact that tuberculosis is caused by a germ. It is probably safe to assume that this same 19 per cent is

being reached year after year by the publicity campaigns. Evidently the other 81 per cent has not yet been reached, and there is no assurance that they ever will be through our present program of education. Should future millions...be similarly squandered on salaries for so-called teachers of the public? Our answer is emphatically, *no!*..."

"Educating farmers never eliminated tuberculosis from bovine herds. The veterinarian had to go into the herd, find tuberculous animals, and then separate the infected from the healthy. Only then did we see significant elimination of bovine tuberculous infection.

"In view of our present knowledge concerning case finding in tuberculosis, we suggest that a large portion of the money now being spent on education be directed toward case finding, by X-raying by rapid method of the manual worker. A survey of manual workers will yield six times as many infected and infectious cases needing treatment as will a survey of college or other "white collar" groups. And since groups can be surveyed at a rate of seventy-five cents a person, organizations which spend three dollars and fifty cents a person will find explanations difficult to make when they are called to account..."

"Not only will we be finding open cases of tuberculosis. We will be enlisting the aid of many physicians who show no interest in tuberculosis



Cartridge Type Lamps

ARE INTERCHANGEABLE IN THE
WAPPLER-MAY OPHTHALMOSCOPE
AND
OTOSCOPE HEADS

TRANSILLUMINATION—by simply removing otoscope head—is only one of the many convenience features to be found in the New Wappler Diagnostic Sets.

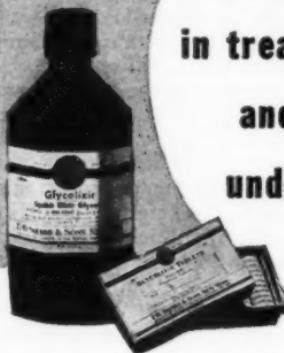


AMERICAN CYSTOSCOPE MAKERS, INC.

1239 LAFAYETTE AVENUE
(BRONX) NEW YORK

AUGUST 1940

GLYCOLIXIR



... supportive adjunct
in treatment of anorexia,
and fatigability of
undetermined origin

GLYCOLIXIR is a glycocoll-containing preparation. Glycocol is one of the simplest of all amino acids. It has an important effect on metabolism of muscle-doing work.

Glycolixir provides a palatable means of supplying glycocol. Two tablespoonfuls, three times daily, furnish a total of 10.8 grams of this amino acid. The fine wine (alcohol 12 per cent by volume) employed as a vehicle makes it a most accep-

table stomachic prelude to meals.

Glycolixir Tablets are available for children and for adults by whom the ingestion of alcohol is undesirable. Each tablet contains 1 gram of glycocol. The tablets have a pleasant flavor and are distinctively colored.

HOW SUPPLIED

Glycolixir is available in 16-oz. and gallon bottles. Glycolixir Tablets are packaged in boxes of 50 and 250.

For literature write Professional Service Department, 745 Fifth Ave., New York

E·R·SQUIBB & SONS, NEW YORK
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858

under the present program.

"We know that changing the direction of the flow of funds...from education to case finding will require sacrifice of salaries and jobs...But isn't it better to sacrifice jobs than to let human beings go on dying of tuberculosis and spreading it, unknowingly, before they die?

"With all our education...still 80 per cent of the tuberculous have advanced disease when they are discovered. This...matches well with the insignificant 19 per cent of our population who know that tuberculosis is caused by a germ.

"Now that we know the facts, how much longer are we going to continue the squander of public funds?...

"Let us pay for case finding *work* and not for talk, and let us do it now."

National Defense Doings

War fever, mounting rapidly among Federal officials during the past month, threatens to spread to the profession. Never timid, Administration representatives are adopting a new militancy in attempting to whip up physicians to the desired peak.

Addressing the N.Y. State Conference of Health Officers, Surgeon General Thomas Parran assailed physicians for their "defensiveness." More "aggressive action" is needed, he insisted. "St. Paul and the apostles were not defensive," he pointed out.

"The Boston Tea Party was one of the most provocative acts on record. As a first step, I propose a coordinator of medical preparedness under the National Health Council."

This medical *Fuehrer*, the surgeon general explained, would "work with the surgeons general of the army, navy, and public health service, with Federal agencies, and with national voluntary organizations." His first task as Dr. Parran sees it, would be "listing professional personnel," and after that "planning [their] recruitment and mobilization."

In Manhattan, 3,000 laymen stood on a hot street to hear a paler version of the same story from Postmaster-General Farley. Farley was accompanied by Singer Jane Frohman, Winthrop Rockefeller, and Jimmy Durante. Mr. Rockefeller said: "I know that with Mr. Farley's inspiring message we will go over the top." The message was: "Mobilization will be useless without mobilization of the stamina of the manhood and womanhood of America."

President Roosevelt expressed his personal concern in a wire to the American Association of Industrial Physicians and Surgeons. The national defense program, he reminded them, "is a labor of paramount importance. I trust you will discharge your duties with increased vigilance in the imminent stress." The doctors wired Washington that they would.

New high in war measures was

LAVORIS

Fine daily tonic for
mouth and throat

Cleansing, stimulating mouthwash and gargle

AUGUST 1940

Corrective Therapy IN Constipation

KONDREMUL

ADEQUATE treatment of chronic constipation is corrective rather than palliative. To reestablish the habit of regularity, Kondremul (Chondrus Emulsion) is presented in three forms—forms suited to every patient need—



In order of their eliminative activity, they are

FOR RESISTANT CASES

KONDREMUL WITH PHENOLPHTHALEIN

Contains 2.2 grs. phenolphthalein per tablespoonful of Kondremul.

FOR THE ATONIC COLON

KONDREMUL WITH NON-BITTER EXTRACT OF CASCARA

A pleasant, stable emulsion containing non-bitter extract of cascara.

FOR SIMPLE REGULATION

KONDREMUL PLAIN

A palatable emulsion containing 55% mineral oil, in which Irish Moss (chondrus crispus) is used as an emulsifying agent.

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THE E. L. PATCH COMPANY
Stoneham P. O., Boston, Mass.

Dept. ME-8

Dr.

Address

City

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Gentlemen: Please send me clinical trial bottle of
 KONDREMUL (with Phenolphthalein)
 KONDREMUL (with Non-Bitter Extract of Cascara)
 KONDREMUL (plain)
(Mark Preference)

NOTE: Physicians in Canada should mail coupon direct to Charles E. Frost & Co., Box 247, Montreal—producers and distributors of Kondremul in Canada.

MEDICAL ECONOMICS

that achieved by New York City's Down Town Hospital. After contemplating Britain's situation, its medical board voted unanimously to close its doors to all but emergency cases to make room for wounded English soldiers. British Vice-Consul C. L. Robb expressed interest in the proposal; said the problem was how to get the soldiers to the hospital.

All this has patients' nerves on edge, an informal survey of psychiatrists discloses. Reporting a boom in minor complaints of unexplained origin, they lay them to apprehension caused by the war. Those with well-to-do practices claim that increasing numbers of patients are coming to them with new problems like how to recover faith in civilization. The poor, they say, don't worry about things like that. They just worry about going to war.

The Wives Take a Doctor

In filming the movie showing currently as "The Doctor Takes a Wife," the producers ran into a problem. The script called for the heroine to jilt the hero—because he was an M.D. Somehow that didn't sound logical to the directors.

In true Hollywood fashion, they sent representatives to seven universities to ask co-eds if they would marry doctors.

At six of the seven, the answer was

"Yes" by a 4-to-1 majority. Dissenter was New York University, where girl students turned thumbs down on medically-minded husbands.

Just to give you an idea of how physicians rate in the marriage market, here are typical comments of the calculating campus cuties:

"I'd marry a doctor—an established one."

"I wouldn't think of marrying one. Doctors are notoriously poor providers."

"It would take a doctor so long to get established, I'd miss the fun a girl wants."

"I'd marry a doctor because I'd be socially acceptable."

Frisco Seeks Martyrs

San Francisco's county medical society is seeking members brave enough to defy the municipality's threatened tax on medical practices. Reminding those who volunteer of their possible fate, the society's official bulletin observes grimly: "New Orleans' city fathers once attempted to collect such a tax. Physicians refusing to pay were incarcerated." But, the bulletin adds, result of their sacrifice was defeat of the tax.

N.J. Would Doctor Dole

Supervision of medical relief by the organized profession is the goal of a plan evolved by the Medical Society

FOR SCABIES
Wyeth's
SULFUR FOAM Applicators
Carry pure sulfur to every pore and recess
of the skin
NO GREASE—NO MESS
Supplied in boxes of 3 applicators
Clinical supply free on request
JOHN WYETH & BROTHER, INC. • PHILADELPHIA, PA.



AUGUST 1940

SOMEONE OUGHT TO TELL HER ABOUT RY-KRISP



Doctors find Ry-Krisp low-calorie diet safe—sensible —popular with patients

These convenient 1200-calorie diets for women and 1700-calorie diets for men allow safe weight loss of about $\frac{1}{4}$ pound a day, supply all needed vitamins with the possible exception of vitamin D. The diet is popular with patients because it permits them to choose their own menus from a wide variety of everyday foods. Ry-Krisp is important in low-calorie diets because each wafer (6 grams) contains only 20 calories yet supplies 6 I.U. vitamin B₁, minerals and helpful bulk. Tempting in appearance, delicious and satisfying in flavor, Ry-Krisp is enjoyed as an every-meal bread in many families. It is available at most food stores throughout the United States.



USE THIS COUPON—

for free supply of low-calorie diets and samples of Ry-Krisp

RALSTON PURINA CO.
961 F Checkerboard Sq.
St. Louis, Mo.

Please send _____ 1200-calorie diets for women and _____ 1700 -calorie diets for men; also samples of Ry-Krisp. No charge or obligation.

Name _____

Address _____

(This offer limited to residents of U.S.)

MEDICAL ECONOMICS

of New Jersey. It would set up regional relief committees of medical men throughout the State. While government would continue to foot medical bills of relief recipients, these committees would determine the extent of treatment, fix fees, and discipline participating physicians. To take part in the program, a doctor would have to qualify under conditions laid down by the county medical society. He would also be required to accept reduced fees for such cases and agree to a maximum income of \$150 a month from this source.

New Jersey relief officials are said to approve the proposal.

Sees Life-Span Impasse

Increases in the American life span will halt unless changes are made in the present medical system, the Metropolitan Life Insurance Company suggests in its Bulletin. Reporting that the average life expectation in the United States has mounted from 49.24 years in 1901 to 62.78 years in 1938, the publication nevertheless warns: "To achieve further gains it will be necessary to make available to less favored groups the medical care found in the most advanced communities." It also predicts that "if this were accomplished, the expectation of life could be increased to seventy." No actuarial evidence is presented to support these claims.

Bans "Fight for Life"

"The Fight for Life" is at least temporarily over in Chicago. The Federal Government's motion picture study of maternal mortality has been blacked

out of every Loop theatre by the censors, although its distributors and a civil liberties committee are threatening counter-action. Reason, according to police, is not the propaganda which offends some private practitioners, nor the fact that it was filmed in Chicago. "The picture features pregnancy and childbirth," explained shocked Lieutenant Harry M. Costello, censor chief, "and we don't think those proper subjects in Chicago theaters."

Cost of City Care

The average wage-earner in an American city spends \$59 annually on his family's health, announces the U.S. Department of Labor. But of this, it is added, only \$13 goes to his doctor. "Miscellaneous" items, such as health and accident insurance and glasses, knock the largest hole in the city-dweller's medical budget, accounting for \$19. The dentist takes \$11; the druggist, \$10; and the hospital, \$6.

Vaccine Laws Upheld

A community is justified in barring unvaccinated children from schools, in the opinion of Charles H. Elliott, New Jersey Education Commissioner. Mr. Elliott decided against admitting ten children to Pennsauken township classes on these grounds. Their parents had protested that, under their religious beliefs, the smallpox preventive is "unhygienic and injurious to health."

Prejudice against vaccination is not confined to schoolchildren. Arriving recently on the Atlantic Clipper, Bernard F. ("Ben") Smith, Wall Street mogul, could not produce a

RESINOL

A physician's formula—of inestimable aid in treating eczema of infants. Quickly allays itching. Painless in application. Free from harsh, irritating drugs. Would you like a physician's sample? Write Resinol, ME-22, Baltimore, Md.

AUGUST 1940

FORGOTTEN MEN



GERIATRICS may be justly termed the stepchild of medicine, so little attention has it received, and the aged are "forgotten men." Yet, medicine can provide much comfort to ease the infirmities of old age, among which constipation is almost ever present.

You will find, as many physicians have already found, that Agarol is the preparation well-suited to the treatment of the obstinate constipation of advanced years. The contents of the colon are softened by unabsorbable moisture, evacuation is made easy and painless and devoid of dangerous straining. Such action is, of course, desirable not only in the aged, but in every age group. Agarol is gentle enough for the young child, yet in proper dosage active enough for the adult.

A trial supply of Agarol will be gladly sent to you. It is supplied in bottles of 6, 10 and 16 ounces.

WILLIAM R. WARNER & CO., INC.
113 WEST 18th STREET - NEW YORK CITY

MEDICAL ECONOMICS

satisfactory vaccination certificate. Informed that he could not land, Smith fumed and began phoning important people. After holding up fellow passengers more than an hour, the financier finally submitted to free vaccination by the U.S. Public Health Service.

As Seen By Patients

For some time, the University of Minnesota has been quizzing its younger alumni (ages 23 to 48) on their attitude toward medicine and its practitioners. On the basis of 951 replies from both men and women, the university compiles this composite picture of its average graduate as a patient:

He is in the upper fourth economically. He spends \$46 a year on medical, hospital, and dental care for himself and his family. He doesn't budget for medical bills, but so far has escaped any debts to his doctor that he couldn't pay. Neither does he subscribe to health or hospital insurance, although he has an idea private practitioners should encourage "socialized medicine." He suspects fear of the cost is keeping many patients away from doctors.

So far as medical issues are concerned, he is practically unanimous in favoring postmortem examinations and stricter tests for automobile licenses. He believes strongly in birth control and the teaching of sex in high school. While he does not regard insanity as a disgrace, he is sure the feeble-minded should be sterilized.

The chances are fifty-fifty that he didn't have a complete medical ex-

amination last year. When he is sick, he consults a general practitioner in preference to a specialist. His main medical problem is how to prevent colds, and after that, how to cure them. If he is a parent, he is more concerned about "child psychology" than about health measures.

Among the things he wishes college had taught him—but didn't—are first aid, the effectiveness of vaccines and sera, the truth about healing cults, where to get accurate health information, human anatomy and physiology, proper nutrition for his family, and how to choose a doctor.

Cod Liver Oil Embargo

Within a year, the United States will suffer a shortage of cod liver oil as the result of the war. So predicts Charles Gage, assistant secretary of E. R. Squibb & Sons. "The British, Norwegians, and Germans produce three quarters of the world's supply," he explains. "The British have placed an embargo on it. None is coming from Germany. Since the invasion of Norway, none has been shipped from there." Because of the huge quantities of fish required, Mr. Gage doubts that American fisheries can be expanded to meet the future demand.

Substitute Secretaries

Practitioners in at least one community have found a way to give their secretaries vacations without incurring the extra cost of a replacement. These physicians are members of the Lackawanna County (Pa.) Medical Society, which supervises a medical-secretarial course in the local Scranton.

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DESTROYS "ATHLETE'S FOOT" ORGANISMS ON CONTACT

Perspiration furthers growth of "Athlete's Foot" dermatomycoses by providing a moist habitat and by furnishing nutrients to the fungi. Hence the hot-weather prevalence of this complaint. Hence, too, the value of Absorbine Jr. as a fungicide which *removes* perspiratory products and which *helps keep skin dry*.

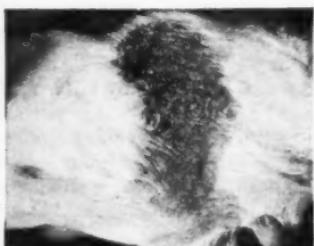
Another helpful property of Absorbine Jr. is its unusual capacity to contact fungi in minute tissue crevices. Application is sim-

ple and pleasant. (Splashed liberally over feet and ankles, it brings cool relief from fatigue, effectively stimulates peripheral blood flow.)

In severe cases, wet dressings of Absorbine Jr. may be advantageously employed.

May we send you a bottle of Absorbine Jr. for clinical examination? A generous sample will be mailed on receipt of your professional letterhead.

W.F. Young, Inc., 207 Lyman St.,
Springfield, Mass.



IN VIVO Photograph shows shaved abdominal area of a guinea pig one week after inoculation with fungus culture. Upper area, untreated. Lower area, treated daily with Absorbine Jr., shows no lesions.

IN VITRO To approximate the scale of fungus growth on human tissue, a new *in vitro* technique for measuring fungicidal properties was developed, as illustrated in these photomicrographs. Fungus cultures such as those represented on the left are killed within 5 minutes. Fungus-plus-Absorbine Jr. cultures demonstrate total inhibition of growth (right). (Standard procedures were also followed, including Klarman and Reddish. All gave conclusive evidence of Absorbine Jr.'s fungicidal effectiveness.)



ABSORBINE JR. for "Athlete's Foot"

ton-Keystone Junior College. When their office assistants go away on a Summer holiday, the doctors simply call the college. Trained students take over the work for two weeks. Their only recompense is the opportunity to gain experience.

Industry's Casualty List

Dead, 16,000; permanently disabled, 106,000; temporarily disabled, 1,407,000.

These figures may sound like the result of a *Blitzkrieg*. Actually, they represent last year's accident-toll in American industry, as reported by the U.S. Bureau of Labor Statistics.

Farming, the bureau found, headed the list with 257,300 casualties, of which 4,300 were fatal. Next highest producer of medical cases was construction; followed, in order, by wholesale and retail trade, manufacturing, mining, service and miscellaneous industries, railroads, miscellaneous transportation, and public utilities.

Suit Dogs Doctor

When a dog bites into a doctor's income, that may not be news. But it can be a headache, Dr. Isaac Sossnitz has learned.

Trouble first began to dog the doctor during the Summer dog-days three years ago. A St. Bernard drowsed on his doorstep, making as pastoral a scene as might be found in New York's Bronx. That is, until one Richard Kennet came along. Mr. Kennet was escorted by a hound that was, by his own admission, part collie and part shepherd.

The St. Bernard did not approve of such company. Gathering up his 125 pounds, he set out to repel the intruder.

The latter was no match for the St. Bernard. Neither was Mr. Kennet. In the melee, he later testified in court, he suffered a broken leg. Since the St. Bernard had been lying on Dr. Sossnitz' doorstep, he asked that the physician be held responsible to the extent of \$25,000.

The court awarded him \$12,000.

Dr. Sossnitz no longer believes that man's best friend is the dog.

Debate Nazi Diet

Germany's goal of more babies is doomed by "chronic undernourishment" under the Nazi regime, according to Dr. Rita S. Finkler. Addressing the Medical Society of New Jersey, she pictured a falling birth rate for the Third Reich during and after the war as the result of malnutrition.

On the other hand, German ersatz foods have found a defender in Philadelphia's Dr. Herbert T. Kelly. After a nutritional study covering England, France and Germany, Dr. Kelly testified that synthetic vitamins have made the German physique "equal to if not better than that of the English, French, and American people."

Meantime, Vienna's doctors are worried by an overabundance of babies. Hitler's appeal for more conception has met such an enthusiastic response from Austrian women, they report, that hospitals, sanitariums, and maternity clinics are overflowing



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UTILIZES INHALATION THERAPY



AUGUST 1940

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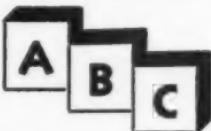
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with expectant mothers. A special section of the Vienna health department has been established just to find them accommodations.

Malpractice Aid Out

The Michigan State Medical Society has dropped its policy of extending legal succor to members harassed by malpractice actions. Reasons: (1) A question involving the society's tax status was raised by the U.S. Treasury Department; (2) the procedure was viewed as constituting a possible violation of the American Bar Association's code of ethics. The society still maintains a medical defense committee, which is limited to giving "suggestions" and "advice."

A.C.S. Names Standards

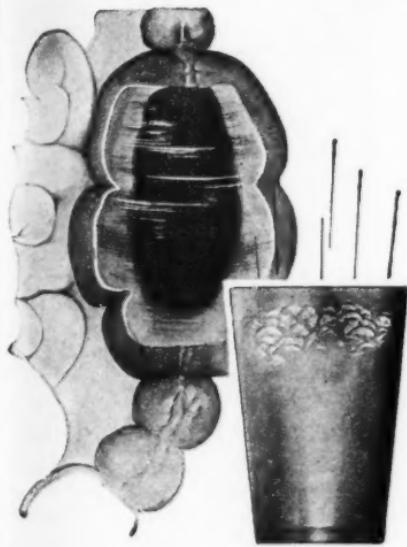
The American College of Surgeons has announced publication of the "Manual of Graduate Training in Surgery," a twenty-four page presentation of requirements for A.C.S. approval of surgical training programs in hospitals.

Into the manual have gone the results of some ten years of study by committees of the college, who worked in collaboration with the Board of Regents. Minimum standards for graduate training in general surgery and surgical specialties are defined under five clauses dealing with: (1) the program's duration and objec-

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AUGUST 1940



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MEDICAL ECONOMICS

tive; (2) organization and supervision; (3) basic medical sciences; (4) clinical material; and (5) organized study. To gain A.C.S. approval, training must include at least two years of surgery, in addition to one year's general internship.

Negroes Want Their Cut

Although the President's hospital-building program has not passed the House at this writing, pleas for patronage under the act are already pouring into Washington. First to demand a slice of the proposed \$60,000,000 melon is the National Negro Hospital Foundation. The foundation wants \$2,500,000 to \$3,000,000 pigeonholed for construction of six Negro hospitals in Atlanta, Birmingham, Charleston (S.C.), Dallas, Louisville, and Memphis. The institutions would be used as training centers for Negro physicians who now, according to the foundation, are usually barred from existing hospitals.

"Panzer" Hospitals

During the transfer of German nationals from the Narevian and Galician districts to the Reich, a portable hospital was used in Germany for the first time, according to reports received from Berlin by the Bureau of Foreign and Domestic Commerce.

The hospital is transported by eight trucks and sixteen trailers. The entire equipment has been so systematized that a complete hospital unit consisting of thirty-two wards capable of accommodating 400 patients can be set up and made ready for operation within one day. It is reported that the surgical equipment,

the operating room, pharmacy, X-ray room, and laboratory of the portable unit are comparable to that of a large modern hospital. The hospital is a self-sufficient unit, entirely independent of its surroundings, as portable motors provide electric light and heat. A kitchen and an eight-thousand-liter water tank are also a part of the equipment. There are 120 persons in all attached to the hospital, including eight surgeons and physicians. The doctors, nurses, and assistants accompany the hospital truck in separate busses.

More Municipal Medicine

New York's growing government-medicine system has expanded another notch with acquisition of the 76,000 patients dependent upon child-welfare aid. The city's widows and orphans will hereafter have to look to the Department of Welfare for medical care instead of to their family doctors. Formerly, they were allowed \$3 a month toward medical bills of private physicians. Now they have been placed in the hands of the department's panel, which already is caring for recipients of home relief and old-age assistance, the blind, and veterans.

Good Fortunes of War

Retired service men are granted free Government medical care under a bill recently passed by the Senate. Sponsored by Senator Johnson, of Colorado, it provides that "retired personnel of the army, navy, marine corps, coast guard, fleet naval and fleet marine corps shall be entitled to enter any army or navy hospital

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An especially palatable syrup containing 15 grains of selected and balanced bromide salts per fluidram. Each fluidounce contains:

SODIUM BROMIDE	64 grs.
POTASSIUM BROMIDE	20 grs.
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LITHIUM BROMIDE	4 grs.

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MEDICAL ECONOMICS

upon their request under the same conditions as the active service." Another provision stipulates that "applicants requiring temporary or dispensary treatment shall be accorded such service."

Purpose of the measure, according to the Senator, is to take care of "emergency" cases. Says he: "It would probably not cost the Government anything; would save the men considerable."

Hospital Program Primer

Physicians who wonder how the President's \$60,000,000 hospital-building program would work may draw some pertinent conclusions from the drift of the Senate's recent debate on the bill.*

Following is a condensation of the more important parts of the Senate discussion:

MURRAY—"This bill cannot solve the problem of adequate hospital facilities. It will relieve the situation; test desirability of further construction; provide data; better medical service."

VANDENBERG—"Is there provision for Federal maintenance?"

MURRAY—"The measure provides grants for maintenance during five years."

VANDENBERG—"What happens at the end of five years?"

MURRAY—"The hospitals will be conveyed to local communities."

VANDENBERG—"If hospitals in communities which can afford their construction require public assistance—and most do—I do not understand how hospitals constructed in poor

*At this writing, the Senate has passed the bill; the House has yet to vote on it.

communities stand any show after the period of assistance."

MURRAY—"Regardless of the Senator's question, hospital construction will be inaugurated."

VANDENBERG—"Where [would] the \$10,000,000 for the first year be allocated?"

MURRAY—"The bill provides for a national advisory council. The council [will decide] whether a hospital should be established."

ELLENDER—"The public hospital program in Louisiana is an illustration of what can be achieved throughout the United States by the bill. These [Louisiana] hospitals were constructed, maintained, and operated with funds from the State. All a patient needed to obtain free treatment was certification. Thousands and thousands were treated under the program inaugurated by Huey Long. Let States taste a hospital program, and no power on earth will be able to take these benefits from them."

CONNALLY—"Does the bill require assurances of maintenance by political subdivisions?"

MURRAY—"Yes."

CONNALLY—"Will it be necessary for the States to enact legislation?"

MURRAY—"Every State, I assume, will implement its laws for cooperation."

VANDENBERG—"The bill is limited to \$10,000,000 a year for five years?"

MURRAY—"Six years. The first year the hospitals are Federally-financed. After the first year, they are constructed under grants to the States."

VANDENBERG—"How many million dollars would be required to serve equally all communities?"

MURRAY—"To bring the country up to standard would require 180,000

MAXITATE

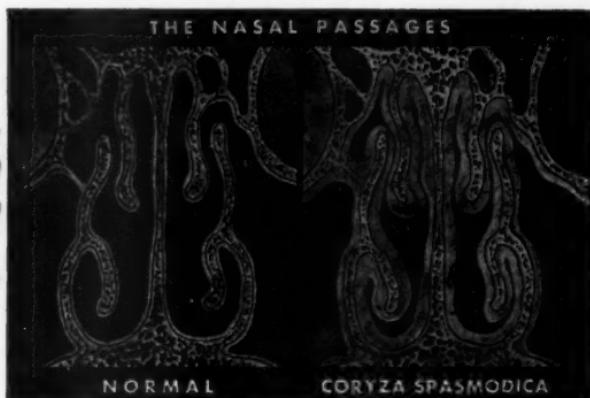
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AUGUST 1940

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beds. This program will provide between 25,000 and 30,000."

ADAMS—"Four-and-a-half beds per thousand are required for adequate care. In the United States, there are 410,000 beds in registered general hospitals. What would be the shortage of beds upon the basis of that computation?"

MURRAY—"To bring the country up to that standard would require more than a third of a million beds."

GILLETTE—"The proposal authorizes \$500,000 a year for six years to aid in administering and for representatives of the public health service. Thereafter, there is no limit. Is the amount to be reduced or increased?"

MURRAY—"I assume it will be reduced."

HUGHES—"Assume that the hospital has been constructed, and the community does not take it over. Would not the Federal Government

run the hospital?"

MURRAY—"It would not be reasonable to allow the community to suffer. However, under the bill there is no authority for Federal operation."

HUGHES—"Is there provision for aiding hospitals already constructed?"

MURRAY—"Hospitals which need to expand make application and [may then be] extended."

ADAMS—"What is the cost for construction?"

MURRAY—"Approximately \$2,500 a bed."

JOHNSON—"Ten million dollars would not provide each State with a hospital."

MURRAY—"We are not thinking of this as a 'pork barrel,' under which every State will get its share. The purpose is to get rid of shameful conditions. Note that construction is in the hands of the Federal Works Agency. Whether the WPA is to par-



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ticipate is to be determined by Congress. If no such participation is provided, construction the first year will be under the contract system. Following the first year, construction will be under the States."

KING—"After the hospitals have been constructed, title will pass to the States?"

TAFT—"In the case of hospitals built the first year, title will be Federal. When a State plan has been approved, the hospital will be transferred, after five years, to the State. After the first year, hospitals are not to be Federally-owned. They are to be built by the States."

Just published

ARTICLES

DR. WILL AND DR. CHARLIE. An article about the founders of the Mayo Clinic. (Scribner's Commentator, July 1940)

BLACK MAGIC AND MEN IN WHITE, by Richard C. Gill. The author's account of his search for a deadly drug in the South American jungle. (Saturday Evening Post, June 29, 1940)

BOOKS

AMERICAN DOCTORS OF DESTINY, by Frank J. Jirka, M.D. Historical narratives of the lives of America's medical pioneers. (Normandie, \$3.75)

IN SEARCH OF COMPLICATIONS, by Eugene de Savitsch, M.D. A doctor's autobiography. (Simon & Schuster, \$3)

AS I REMEMBER HIM, by Hans Zinsser, M.D. Autobiography of a bacteriologist. (Little, Brown, \$2.75)

WHEN DOCTORS DISAGREE, by Franken Meloney. A novel which appeared serially as "Women In White" (Farrar & Rhinehart, \$2)